

IPSHA Overseas Membership Questionnaire to be completed by person in charge of Primary or Middle School
APPLICANT - GENERAL INFORMATION

Title:	Surname:	Given Name:
Position Held:		Phone:
Email:		Mobile:

QUALIFICATIONS (Please list degrees, diplomas, certificates etc)

EMPLOYMENT HISTORY (Schools/Institutions/positions held)

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

APPLICANT'S SCHOOL - GENERAL INFORMATION

School Name:	Description:	
School Postal Address:		
Suburb/Town:	Country:	Postcode:
School Street Address: <i>(if different from above)</i>		
Suburb/Town:	Country:	Postcode:
Fax:	Website URL:	

ADDITIONAL SCHOOL INFORMATION
(regarding section/campus of school for which applicant is responsible)

Grade Range:	Points of Entry:		
Enrolment Pattern: <i>(eg Co-ed from P-3 then girls only)</i>	Total Students:	Number Boys:	Number Girls:
Enrolment Enquiries: <i>(position title rather than name of person)</i>			
Senior School: <i>(if school is part of a K-12 school, please provide the name of the Head of the school, and address if different to above)</i>			

PROPOSAL FOR IPSHA MEMBERSHIP

I, _____ wish to be considered for membership of IPSHA Ltd and I hereby furnish a proposer and seconder to support my application.

Date:

Signature:

PROPOSER INFORMATION

Proposer's Name:

School:

Date:

Signature:

SECONDER INFORMATION

Seconder's Name:

School:

Date:

Signature:

Proposer and Seconder must be active and financial members of IPSHA Ltd.

Statement by School Principal (K-12) or Chairman of the School Board (stand alone primary school)

I am aware that _____ wishes to be considered for membership of IPSHA Ltd. I am happy to offer my support for this membership and welcome his/her involvement in IPSHA Ltd.

Name:

Position:

Date:

Signature:

PRIVACY & CONSENT

I consent to IPSHA using an image of me on the website in the Members' Directory. I also consent to this image, as well as others that are taken of me from time to time during Federal and State IPSHA events, to appear in IPSHA promotional material, both in hard and soft copy, as well as on the website – including the bi-annual Federal eLink publications.

Date:

Signature:

I consent to information contained in this application being supplied to the relevant State Branch Archivist for the purposes of updating and maintaining IPSHA state archives.

Date:

Signature:

IPSHA Overseas Membership Questionnaire – Exemplar
APPLICANT - GENERAL INFORMATION

Title: <i>Mr</i>	Surname: <i>Hine</i>	Given Name: <i>David</i>
Position Held: <i>Head of Junior School</i>		Phone: <i>(08) 8404 0400</i>
Email: <i>dhine@stpeters.sa.edu.au</i>		Mobile: <i>0000 000 000</i>

QUALIFICATIONS (Please list degrees, diplomas, certificates etc)

xxxxxxxxxx

xxxxxxxxxx

EMPLOYMENT HISTORY (Schools/Institutions/positions held)

xxxxxxxxxx

xxxxxxxxxx

xxxxxxxxxx

MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS

xxxxxxxxxx

xxxxxxxxxx

APPLICANT'S SCHOOL - GENERAL INFORMATION

School Name: <i>St Peter's College</i>	Description: <i>Anglican Boys' School</i>	
School Postal Address: <i>Hackney Road</i>		
Suburb/Town: <i>St Peters</i>	Country: <i>Australia</i>	Postcode: <i>5069</i>
School Street Address: <i>(if different from above) As Above</i>		
Suburb/Town:	Country: <i>Australia</i>	Postcode:
Fax: <i>(08) 8404 0401</i>	Website URL: <i>www.stpeters.sa.edu.au</i>	

ADDITIONAL SCHOOL INFORMATION
(regarding section/campus of school for which applicant is responsible)

Grade Range: <i>ELC – Year 7</i>	Points of Entry: <i>Reception, Year 5</i>		
Enrolment Pattern: <i>(eg Co-ed from P-3 then girls only) Boys only</i>	Total Students: <i>384</i>	Number Boys: <i>384</i>	Number Girls: <i>0</i>
Enrolment Enquiries: <i>(position title rather than name of person) Registrar</i>			
Senior School: <i>(if school is part of a K-12 school, please provide the name of the Head of the school, and address if different to above) Mr Simon Murray - Headmaster</i>			