

**BUDDHIST COUNCIL OF QUEENSLAND Inc. Incorporated 6-Dec-2000, number IA29696**

An umbrella organisation for Buddhist centres and individuals within Queensland.

ABN 69 825 774 318

Telephone: 0422 819 379 Email: buddhist\_council@hotmail.com Web: www.buddhistcouncilofqueensland.org

**2007 BUDDHIST EDUCATION IN QUEENSLAND PROGRAM - TEACHER APPLICATION**

Please retain a copy of this for your own records and remit the original to the Council.

Please send to P.O. Box 4510, Loganholme DC Qld. 4129, or Amendment Only by fax to: 3366 7388

Your Family Name: \_\_\_\_\_ Your First Name: \_\_\_\_\_

Buddhist Name: \_\_\_\_\_ Gender: **M / F** Date of Birth: \_\_\_/\_\_\_/\_\_\_

Postal Address: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

Contact Details: Phones: (W): \_\_\_\_\_ (H): \_\_\_\_\_ Mobile Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

How many years have you been formally studying the Dharma? \_\_\_\_\_

Do you speak any languages other than English? If yes, please specify: \_\_\_\_\_

Do you have a significant disability or medical condition that may affect your ability to act as a teacher or teacher aide? **Y / N**

If Yes, please detail: \_\_\_\_\_

**Applicants are required to identify their Tradition and Centre or Temple to qualify for appointment**

Centre Name: \_\_\_\_\_ Incorporation No. \_\_\_\_\_

Postal Address: \_\_\_\_\_

Centre Address: \_\_\_\_\_

Contact Details: Daytime Phone No.: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Tradition: \_\_\_\_\_ Spiritual Head: \_\_\_\_\_

Do you have a Letter of Support from this Centre?	Yes / No	Are you Sangha?	Yes / No
Do you have a Current CCYPCG Blue Card?	Yes / No	Are you a Qld. Registered Teacher?	Yes / No
Do you presently teach dharma at this Centre?	Yes / No	Do you teach dharma in Qld. Schools?	Yes / No
Have you taught dharma at this Centre previously	Yes / No	If yes, name of school: _____	
If yes, from _____ year to _____ year		If yes, from _____ year to _____ year	

Are you applying to become a volunteer Teacher, Teacher's Aide or Both? **T - A - B**

Please explain in a few sentences, why you want to volunteer for this position?

---



---



---



---

**Declaration:**

I desire to become a volunteer BEQP teacher or aide to deliver Dharma to Queensland schools  
 I believe I have a sound knowledge of the Dharma and the ability to teach it to students  
 I am of good character and will maintain a current CCYPCG Working With Children Blue Card  
 I agree to undertake the BEQP Teacher Training course as part of this application  
 I enclose a Letter of Support from my Centre/Temple for me to represent the Dharma  
 I enclose a completed CCYPCG Application Form (if I don't already have a current Blue Card)  
 I enclose two certified copies of identification items as required for that application **OR** Blue Card copy  
 I enclose a passport-style photograph for BEQP use and recording in register of volunteers.  
 I agree to adhere to BEQP protocols, rules and deliver Dharma in a non-sectarian manner.

Your Signature: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

For BCQ/BEQP use only:

Date Received: \_\_\_/\_\_\_/\_\_\_ Details Confirmed by \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ to BET: \_\_\_/\_\_\_/\_\_\_

(Fm.5-1206-1)