



Catholic Education Services – Diocese of Cairns
Learning with Faith and Vision

Application for payment of
QUALIFICATION ALLOWANCE

This allowance is applicable to a school officer who meets **all** the following criteria:

- Has completed the equivalent of 1 year of full-time service at the highest step of a School Officer salary classification level. (1 year of service equates to 1976 hours for **part-time, term-time or casual** employees)
- Holds a qualification relevant to their position/duties such as referred to in the reference table below.
- Holds a current First Aid certificate.

Note: Level 1 of the School Officer salary classification does not attract a qualification allowance.

Employee Name _____ **Employee ID** _____
School _____ **Location** _____

QUALIFICATION REFERENCE TABLE

Level/Step	Qualification Required
Level 2 - Step 3	Cert III or higher which is relevant to your position
Level 3 - Step 4	Cert IV or higher which is relevant to your position
Level 4 - Step 3	Diploma or Associate Diploma or higher which is relevant to your position
Level 5 - Step 3	A Degree which is relevant to your position

QUALIFICATIONS ATTAINED: - *(A certified copy of your qualification must accompany this application)*

Please Indicate Qualifications Held:

- | | |
|--|---|
| <input type="checkbox"/> Cert III in Education Support | <input type="checkbox"/> Bachelor of Teaching |
| <input type="checkbox"/> Cert III in School Support Services | <input type="checkbox"/> Bachelor of Education |
| <input type="checkbox"/> Diploma of Teaching | <input type="checkbox"/> Other Qualification - Please specify qualification and supporting relevance. |
| <input type="checkbox"/> Diploma of Education | |

Date cited on certificate awarding qualification:

Declaration - *to be completed by applicant*

I have indicated how I have met the criteria stated above and attached appropriate documentary evidence to support my application for payment of the Qualification Allowance

Applicant's Signature: _____ **Date:** _____

Endorsement of Application

I verify the above particulars and endorse this application for Qualification Allowance.

Principal _____ Date _____