



Endorsement for moving to a Tūturu | Full Practising Certificate (Category One):

- Tiwhikete Whakaakoranga Tüturu | Full Practising Certificate (Category One), formerly Full.

For more information on endorsing teacher application forms please see our Endorser Guidelines.

How to complete this form:

Please complete this form on your computer. 'Open in Acrobat' only if available on your screen Print the completed form for signing and dating

Attach any documents required

Email the completed form to sfendorsement@teachingcouncil.nz

Professional leader to complete.

Please refer to the Standards for the Teaching Profession | Ngā Paerewa mō te Umanga Whakaakoranga.

I confirm that:

Surname:

First and middle names:

Registration number:

has successfully completed (tick one):

- a formal induction and mentoring programme of at least **two years**, in teaching positions of at least **0.5 full time teaching equivalent**, and I recommend Tiwhikete Whakaakoranga Tūturu | Full Practising Certificate (Category One).
- a formal induction and mentoring programme of at least **one year (including overseas teaching service previously considered by the Teaching Council)**, in teaching positions of at least 0.5 full time teaching equivalent, and I recommend Tiwhikete Whakaakoranga Tūturu | Full Practising Certificate (Category One).
- at least **one year of mentored teaching**, and I recommend Tiwhikete Whakaakoranga Tūturu | Full Practising Certificate (Category One).

AND meets the following criteria:

The teacher has continued to develop and practise te reo me ngā tikanga Māori while practising as a teacher.

Yes

No

My judgement is based upon professional conversations I have had with the teacher, mentor teacher and other relevant people where appropriate.

Yes

No

The teacher is endorsed as meeting the *Standards* | *Ngā Paerewa*, as required for the practising certificate type: (tick one)

Yes

No

Phone: +64 4 471 0852

Email: enquiries@teachingcouncil.nz

Or, I would like to discuss this application with the Teaching Council:

If you selected 'No' to meeting the Standards | Ngā Paerewa above, please attach evidence and/or commentary.

Professional leader details

Full name:	
School/Kura/Centre or ITE Provider:	
Registration number: (if applicable)	
Position/role: (e.g., principal, tumuaki, centre manager/owner, senior teacher with endorser delegation)	
Signature:	Date: