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| **SACE BOARD PANEL APPOINTMENT** |

Note: This form only need to be returned to the SACE Board once during each year. If you have already submitted it during 2022, *only* send it back if your details have changed.

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| DECLARATION | |
| I confirm that I can undertake the work relating to Stage 1 and Stage 2 Quality Assurance and Assessment Panels and will be available as required during the period of appointment being 1 January 2022 to 31 December 2022. | |
| Last name: | First name: |
| **Signature:** | **Date:** |

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| PERSONAL DETAILS – ONLY CHANGE DETAILS THAT REQUIRE UPDATING | | |
| **Last name:** | **First name(s):** | |
| **Previous name (if changed within the last 12 months certified documentation must be provided):** | | |
| **Date of birth:** | | |
| **Address:** | | |
|  | | **Postcode:** |
| **Postal address: (if different from above)** | | |
|  | | **Postcode:** |
| **Email address:** | | |
| **Employer: Name of school:**  **(School, private, etc.)** | | |

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| MAIN BANK ACCOUNT DETAILS - ONLY COMPLETE IF YOU HAVE NOT PROVIDED THIS INFORMATION PREVIOUSLY OR IF THERE IS A CHANGE OF DETAILS | |
| **Bank/financial institution:** | |
| **Account name (in full):** | |
| **Branch name:** | |
| **BSB number: \_\_ \_\_ \_\_ – \_\_ \_\_ \_\_** | **Account number:** |

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| **CODE OF CONDUCT DECLARATION** ***Please read the Code of Conduct enclosed and then complete the form and sign the declaration below in the presence of a witness.*** |
| I declare that   * the personal details given above are correct. * I have not been in receipt of a South Australian Government Targeted Voluntary Separation Package within the last 3 years. I will notify the SACE Board of SA immediately should this change. * I have read and agree to be bound by both the SACE Board of SA’s ‘Code of Conduct’ until  31 December 2022 and the policies from which it derives, and the *Code of Ethics for South Australian Public Sector (2010)*, which are available on or via the SACE Board of SA intranet. I note that these policies are updated periodically and that the detail may change. * I have declared any potential conflict of interest and will advise the SACE Board of SA of any change in this status. * I understand that any breach of these provisions may be subject to an investigation and result in disciplinary action. * I agree that all intellectual property rights created in, or arising from my employment with the SACE Board of SA shall be the property of and vested in the SACE Board of SA and the State of South Australia. * I agree not to be named as creator of a document if it is determined that it would be inappropriate or unreasonable. |
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| **POTENTIAL CONFLICT OF INTEREST DECLARATION**  ***Please complete the relevant sections and cross out those sections that do not apply.*** |
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| **FRIEND OR RELATIVE STUDYING A STAGE 2 SUBJECT** |
| **Student name: SACE registration number (if known):** |
| **Subjects studied (if known):** |
| **Relationship to student:** |
| If any matters concerning the above student, including his or her results, are referred to me for consideration, I will ensure that they are forwarded to the SACE Board of SA Executive Leadership Team for a decision.  I also agree not to attempt to access or convey any information held by the SACE Board regarding this student.  Further, I will avoid contact as much as possible with those sections of the SACE Board involved in examination preparation and results collection. |
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| **COMMERCIAL INTEREST** |
| I undertake tutoring for which I receive remuneration Yes/No  I am, I write for, or I have a connection with, a commercial publisher Yes/No |
| *Please give details of the organisation(s) concerned and any financial remuneration provisions.* |
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| **TEACHING** |
| During my year of duties on the panel, I will be teaching this subject. Yes/No |

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Position:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Witnessed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_