



Saint Mark's Coptic Orthodox College

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CRICOS Provider Number: 02342F

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NOTICE OF INTENT TO STUDY WITH AN EXTERNAL PROVIDER

| | | | |
|---------------------------------|--|--|------|
| Student Name: | | | Year |
| Roll Group: | | | |
| External Provider | | | |
| Address | | | |
| Course Supervisor | | | |
| Phone | | | |
| Email | | | |
| Name of Course | | | |
| Reason for Studying this Course | | | |

| Signature of Parent / Guardian | Signature of Student |
|--------------------------------|----------------------|
| Date: ___/___/___ | Date: ___/___/___ |

Head of College

| Decision | Signature |
|----------|-------------------|
| | Date: ___/___/___ |

Delegate Appointed: _____

Notified

Secondary Studies Coordinator use only:

| | |
|---|--------------------------|
| Course by External Provider forms a minority of student's overall pattern of study | <input type="checkbox"/> |
| Documentation that demonstrates that the external provider complies with the <i>Child Protection (Working with Children) Act 2012</i> | <input type="checkbox"/> |
| Certification by the relevant agencies that the external provider is qualified to provide the course | <input type="checkbox"/> |
| A written statement that the course will be taught in accordance with the relevant NESAsyllabus | <input type="checkbox"/> |
| A written statement that the assessment program for the course will meet the requirements set out in the NESAs Assessment Certification Examination website | <input type="checkbox"/> |
| Delineation of the responsibilities of the external provider and the responsibilities of the College | <input type="checkbox"/> |

| |
|----------------------|
| Signature |
| Date: ____/____/____ |