QSS Team Official’s Principal’s Approval Form

|  |  |
| --- | --- |
| **Applicant’s Name:** | Click here to enter text. |
| **Email:** | Click here to enter text. |
| **School:** | Click here to enter text. |

**CHAMPIONSHIP / TOUR DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Sport** | **Age / Gender** | **Dates** | **No of**  **School Days** | **Position/s** |
| Enter sport | Age/Gender | Dates | No of days | Position |
| Enter sport | Age/Gender | Dates | No of days | Position |
| Enter sport | Age/Gender | Dates | No of days | Position |
| Enter sport | Age/Gender | Dates | No of days | Position |
| Enter sport | Age/Gender | Dates | No of days | Position |
| Enter sport | Age/Gender | Dates | No of days | Position |

**PRINCIPAL’S APPROVAL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approved | | Not Approved | | |
| I approve this applicant to be appointed to more than one position. | | | | |
| Approved | | Not Approved | | |
| **Principal’s Signature** |  | | **Date** |  |
| **Comments:** | | | | |
|  | | | | |

**APPLICANT DECLARATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | I have submitted my application for QSS Team Official’s Positions | | | |
|  | If approved by my Principal, I will participate in a compulsory QSS Team Officials In-Service at a date and time to be advised. Failure to participate in this in-service may result in the cancellation of my appointment. | | | |
| **Applicant’s Name** | |  | | |
| **Applicant’s Signature** | |  | **Date** |  |

Please return this form by email to: [QSS.Applications@qed.qld.gov.au](mailto:QSS.Applications@qed.qld.gov.au)

**NO LATER THAN Thursday 21 NOVEMBER 2019**