**Eligibility for Intern Status**

Please complete the following form to indicate eligibility, or otherwise, for intern status.

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |
| --- | --- |
| **Pre-service**  **Teacher Coordinator:** |  |
|  |  |
| **School:** |  |

|  |  |  |
| --- | --- | --- |
| **Student name** | **Eligible** | **Ineligible** |
|  |  |  |
|  |  |  |

If the pre-service teacher/s are eligible for intern status, please the write dates of the internship below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of internship:** |  | to |  |

|  |  |
| --- | --- |
| **Pre-service Teacher Coordinator Signature:** |  |

**Please email this form to** [**prac@uq.edu.au**](mailto:prac@uq.edu.au) **or fax it to 3365 7199**