

**Diocesan Sponsorship**

Sponsorship for *Accreditation to teach Religious Education or Lead in a Catholic School* is fully funded*.*

For other priority courses funding is 1/3 **Participant** contribution.

Sponsorship is for the cost of academic unit fees and does not include student amenities fees.

**Priority Courses 2025**

* Graduate Certificate in Teaching Religious Education (CTC cont)
* Graduate Certificate in Teaching Religious Education (CTC/YTU)
* Graduate Certificate in Religious Education (ACU)
* Master of Theology (ACU) Master of Religious Education (ACU)
* Master of Education and Theology (CTC/YTU)
* Master of Educational Leadership (ACU)
* Support for completion of courses already underway

**Requirements:**

**Usually, sponsorship for Masters’ courses, can only be provided to applicants that have ‘Accreditation to Teach and to Teach Religious Education or Lead in Catholic Schools in Victoria’.**

Applications close:  **Friday 25th October 2025**

Successful applicants will be informed by:   
**Wednesday 20th November 2025**

# Diocesan Sponsorship Secondary for 2025

# Personal Details -

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Surname | | First Name |
| School | | | |
| School Location | | | E Number |
| Your Leadership Role (if applicable) | | | |
| Email Address | | | Phone Number |
| VIT number: | | RE Accreditation Number: | |
| Early Career Teacher: | | 1 Yr 2Yr 3Yr | |
| Are you applying for sponsorship to commence a new course in 2025? | | | Yes/ No |
| Are you confirming continuing enrollment?If so, the impact statement does not need to be completed unless your circumstances have changed, warranting a new full application eg change of employment, or you are transferring to a new course. \* | | | Yes/ No |
| Did you receive Sponsorship in 2024? | | | Yes/ No |

\*Applications for **Accreditation to Teach/Lead in a Catholic School** are approved for the duration of the two-year course, however applicants are required to confirm that they will be continuing with their study and have Principal endorsement. To confirm re-enrolment, the applicant should submit this form disregarding the impact statement but citing re-enrolment. Please cite the intended units of study and costs for the second year.

**Course Details -**

|  |  |
| --- | --- |
| Institution: | Course: |

**Units - (name, code, cost) to be undertaken in 2025 (maximum of two):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Unit One** | | | |
| Name |  | | |
| Code |  | Cost |  |
| **Unit Two** | | | |
| Name |  | | |
| Code |  | Cost |  |

**What impact will this study have on…**

Please provide responses on the following questions to assist the Panel in their decision-making (200 - 500 words total).

* The role you perform
* Students/staff in your school
* Catholic education in your context

Please attach responses to the application *in a word document*.

**Please note - ALL the above statements to be completed as requested.**

**Declaration -**

I have read the Guidelines and Procedures documents: Sponsorship: Higher Education Studies.

1. I understand that as a Secondary teacher:

* If undertaking study to complete my *Accreditation to Teach Religious Education or Lead in a Catholic School* my course will be fully funded with exception of amenity fees if applicable.
* If undertaking study in another priority course, I will be making a personal contribution of one-third of the cost of the academic unit.
* Sponsorship re-imbursement will not be finalized until evidence of successful unit completion has been provided to CEB by the school Principal.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature |  | Date |  |

**PRINCIPAL’S ENDORSEMENT**

|  |  |
| --- | --- |
| I endorse this application from: | Yes/ No |
| I agree to support the application process and understand that the applicant may also be required to contribute one-third of the cost personally, if undertaking study other than  *Accreditation to Teach Religious Education or Lead in a Catholic School* | Yes/ No |

Principal’s details -

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name |  |
| Principal’s Signature |  | Date |  |
| School and Location |  | | |

Please return via email by **Friday 25th October 2024** to:

Email application to: [sponsorship@dobcel.catholic.edu.au](mailto:sponsorship@dobcel.catholic.edu.au)

Phone: 0419 887 274 (Dr Susan Crowe)