**Professional Learning Record for the Maintenance of Accreditation**

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| **Name of Program/Course** | **Organising Body** | **Date Held** | **Hours** | **Approval Code** |
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**According to our school records, I can verify that this teacher attended the professional learning program(s) listed above.**

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| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date:\_\_\_\_/\_\_\_\_/\_\_\_** |
| **Role in School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **(Principal, Deputy Principal, Religious Education Coordinator)** |  |