



Queensland Representative School Sport

Transfer of Duty - Training

Section 1 (to be completed by the applicant)

TRAINING

District Team Training Regional Team Training

Applicant's Personal Details:		
Surname	Given Names	Employee Number

Training Details:
QRSS Event/Trial to which this training relates (including dates)
Applicant's Position
Team Name

Training Dates:			
Travel Day /Date <i>(if applicable)</i>	Times	Details <i>(From – To)</i>	TRS required (Yes/No / N/A)
Training Days & Dates	Times	Details <i>(eg. location/venue/ any other relevant details)</i>	TRS required (Yes/No / N/A)
Travel Day & Date <i>(if applicable)</i>	Times	Details <i>(From – To)</i>	TRS required (Yes/No / N/A)
TOTAL NUMBER OF TRS DAYS REQUIRED			



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Section 2: (to be completed by the Principal)

Principal Approval for Transfer of Duty:

A Transfer of Duty pertaining to the event /events to which this training relates has been signed and submitted.

Yes No

I approve the transfer of duty for the above-mentioned applicant for the dates and times listed on this document to enable them to complete their official duties in connection with this activity:

Yes No

I approve the use of their personal mobile phone for communicating with team members (students) and parents/carers as per [Standard of Practice, Feb 2016](#) to enable them to complete their official duties in connection with this activity:

Yes No

Principal / DoE Line Manager Approval	
	School
Signature	Date

Applicant to return to:

DISTRICT COMMITTEE (District Team Officials) **REGIONAL SCHOOL SPORT OFFICE** (Regional Team Officials)

Name

Email address

