



Common Oral Assessment Task (COAT) validators 2025 application

I am interested in being a validator for the 2025 COAT.

1. Personal details

Title (please circle)	Mr Mrs Ms Dr	Other	
Surname			Given names
HRMIS ID	E		
Date of birth			
Current work details (e.g. name of school or organisation)			

2. Contact details

Residential address

Street address			
Suburb		Postcode	State
Phone		Mobile	
Email: work		Email: home	

Postal address

Same as residential address

Street address			
Suburb		Postcode	State:

3. Employment eligibility

TRBWA number (if you are a teacher)		Expiry date	
Are you a citizen or permanent resident of Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> neither <input type="checkbox"/>			
Nationally Co-ordinated Criminal History Check (NCHC)	SCN	Issue date	
Have you received a voluntary severance from the WA public sector? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If you are a current Department of Education employee, you may only undertake work which is outside your regular working hours, or it may constitute a breach of contract and disciplinary action may occur.			
Have you previously been employed by the Department of Education (including School Curriculum and Standards)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, have you been advised that your employment record has been marked 'not suitable for re-hire'? Yes <input type="checkbox"/> No <input type="checkbox"/>			

4. Qualifications and experience (related to the course selected to validate)

Qualifications (degree/certificate/diploma)		Major (subject)	
List courses you are teaching to Years 11 and 12 students this year. Indicate course type e.g. ATAR, General. (If you are not teaching Years 11 and 12 students, leave blank.)			

Marking experience – indicate your experience of marking external examinations/tasks			
ATAR/WACE (since 2008) Number of years marked	from	<input type="text"/>	to <input type="text"/> course <input type="text"/>
EST (since 2016) Number of years marked	from	<input type="text"/>	to <input type="text"/> course <input type="text"/>
OLNA (since 2013) Number of years marked	from	<input type="text"/>	to <input type="text"/>
NAPLAN Number of years marked	from	<input type="text"/>	to <input type="text"/>
Other relevant experience			

You must be available to validate the COAT from Saturday, 5 July to Sunday, 20 July 2025.

5. Referee

Please provide the name and details of a referee.
Update information if necessary.

Surname		Given name	
Work phone		Mobile	
Email			
Relationship to applicant (e.g. principal/work colleague)			

6. Return details

Please return this completed form by **Wednesday, 23 April 2025** to:

Paul Cranley
Senior Consultant Practical Examinations
Paul.Cranley@scsa.wa.edu.au
08 9273 6795