**Department of Education Statewide Advisory Visiting Teacher (Low Incidence) Expression of Interest: Location Preferences 2024**

**Applicant Name:**

**What low incidence disability area are you applying for:**

|  |  |  |
| --- | --- | --- |
| Please rate the positions from 1 to 9 in order of preference of where you are willing to be located over the next 12 months, with possibility of extension. 1 indicating the region you’d most prefer and 9 being the region you’d least prefer.  If there are regions you would definitely not consider please do not record a number beside them. Please indicate an area within the region/s you have ranked if applicable. Applications remain current for 12 months. | | |
| **Rank** | **Region** | **Possible Base Location (to be negotiated)** |
|  | **Far North QLD** |  |
|  | **North Queensland** |  |
|  | **Central Queensland** |  |
|  | **Darling Downs South West** |  |
|  | **North Coast** |  |
|  | **Metropolitan North** |  |
|  | **Metropolitan South** |  |
|  | **South East** |  |
| Would you prepared to travel on a regular basis to provide the AVT service to schools and students in another region?  Yes  No | | |
| If yes, which regions would you prepared to travel to? | | |