Teachers Registration Board OF SOUTH AUSTRALIA

APPLICATION FOR A SPECIAL AUTHORITY FOR AN UNREGISTERED PERSON TO TEACH IN AN EMPLOYMENT-BASED PATHWAY (EBP)

The application will be submitted to the Board **once all sections** are completed and all required documentation attached. Please ensure details for payment are included on page 11.

Please note:

- Employer to complete pages 1 and 2
- Nominated applicant to complete pages 3 to 10
- Payment details page 11.

CONTACT DETAILS

Employer

Full name of employer			
Address			
Telephone	Email		
Site Type	Department for Education ☐	Catholic ☐	Independent ☐
Number of current SAT (EBP) employed at your site:			
Name of Site:			

REMINDER A cap on employment of SAT (EBP) per school/early childhood site will be determined based on student enrolments of the school/site.

Enrolments	SAT (EBP) Cap
Over 1500	4
1000-1499	3
500-999	2
Under 500	1

Principal/Director

Title (Mr/Mrs/Ms/Dr/Other)	Surname
Given Names	
Address	
Telephone	Email

EMPLOYMENT-BASED PATHWAY TEACHING POSITION

Details of the position

Area(s) of learning (subjects) to be taught	Year level(s)	Fraction of time F/T, P/T, Hours	Dates of Employment

NCCHC Batch No.:	Cleared by:	Date:

School-Based Mentor

Title (Mr/Mrs/Ms/Dr/Other)	Surname
Given Names	
Address	
Position Held	

Academic Mentor

Title (Mr/Mrs/Ms/Dr/Other)	Surname
Given Names	
Address	
Position Held	

Please provide the details of the induction, mentoring and support to be provided to the above stated SAT (EBP) holder. If more room is required, you may attach further sheets to this declaration.

EMPLOYER DECLARATION

I, _____

(Name)

of, _____

(Occupation)

in the state of South Australia, _____

(Address)

DECLARE THAT:

I am authorised by the Department for Education/School/Early Childhood site to make this declaration on behalf of the Education employer.

I have made all reasonable efforts to determine that the information provided in this declaration is true and accurate to the best of my knowledge and belief including information provided by other Department for Education /School/ Early Childhood site employees and the Higher Education Provider for _____ who will be employed at for the following period _____ .

I am aware that the Teachers Registration Board, under Section 30 of the *Teachers Registration and Standards Act 2004*, may include conditions limiting the places or circumstances in which the person may teach under the special authority.

Signature _____ Date _____

Print your full name _____ Position_____

Please **complete all** sections of the form and submit to the Teachers Registration Board of South Australia (the Board).

PERSONAL DETAILS

Title: ☐Dr ☐Mr ☐Mrs ☐Ms ☐Miss ☐Other_____				
Family name/surname:				
Given name(s):			**Preferred name:** (for correspondence):	
PLEASE NOTE: Pursuant to section 28(4) of the *Teachers Registration and Standards Act 2004* you must inform the Registrar in writing within 28 days of any change of name. Maximum penalty: $1 250. Expiation fee: $160.				
Other names by which you have ever been known including: (please indicate ✓ beside each other name) *(A) = Alias; (M) = Maiden (pre-marriage name); (P) = previous name (changed by Deed Poll)*				
☐A ☐M ☐P	Family name/surname:		Given name(s):	
☐A ☐M ☐P	Family name/surname:		Given name(s):	
☐A ☐M ☐P	Family name/surname:		Given name(s):	
If more room is required, please list on a separate sheet, sign and attach to this form. Additional sheet included? Yes ☐ No ☐				
Date of Birth (dd/mm/yyyy)**:**				
Place of Birth	Country:	State/Territory:	Suburb/Town/City:	
Gender: (You must select the gender that best describes how you identify yourself within the community) M ☐ Male F ☐ Female X ☐ Indeterminate/intersex/unspecified				
Other Information: Are you of Aboriginal and/or Torres Strait Islander descent? Yes ☐ No ☐ (please tick) Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander origin ☐ Neither Aboriginal nor Torres Strait Islander origin ☐ Not stated ☐				

CONTACT DETAILS

Telephone Landline:	Mobile:
Email: PLEASE NOTE: The Board will use this email address as your registered email address for contact purposes. It is your responsibility to inform the Board of any change to your contact details.	

Have you previously applied for a Special Authority or registration in South Australia? Yes ☐ No ☐ (please tick)

Are you currently enrolled in an Initial Techer Education (ITE) degree program Yes ☐ No ☐ (please tick)
If you answered Yes, you must inform your ITE provider (university) of your Special Authority to Teach (SAT within 14 days of it being issued to you.

NCCHC Batch No.:	Cleared by:	Date:

ADDRESS INFORMATION (Postal)

Current Postal Address (Street address, Suburb/Town, State/Territory, Postcode, Country):
PLEASE NOTE: The Board will use the above postal address for correspondence. Pursuant to section 28(4) of the *Teachers Registration and Standards Act 2004* you must inform the Registrar in writing within 28 days of any change of address. Maximum penalty $1 250. Expiation fee $160.

ADDRESS INFORMATION (Residential - current and previous)

Please provide your current and previous residential addresses for the past five (5) years. If you cannot provide full details, provide as much information as possible. If you are unsure how to complete this section, contact the Board.

Current Residential Address (Street address, Suburb/Town, State/Territory, Postcode, Country):	Dates residing at address: From: / / To: Current
Previous Residential Address 1 (Street address, Suburb/Town, State/Territory, Postcode, Country):	Dates residing at address: From: / / To: / /
Previous Residential Address 2 (Street address, Suburb/Town, State/Territory, Postcode, Country):	Dates residing at address: From: / / To: / /
Previous Residential Address 3 (Street address, Suburb/Town, State/Territory, Postcode, Country):	Dates residing at address: From: / / To: / /
Previous Residential Address 4 (Street address, Suburb/Town, State/Territory, Postcode, Country):	Dates residing at address: From: / / To: / /

If more room is required, please list on a separate sheet, sign and attach to this form.

Additional sheet included? Yes ☐ No ☐

WORKING WITH CHILDREN CHECK

Please provide details of your current Department of Human Services Working with Children Check.

Please provide the full name the check/clearance was issued in: Note: If the check/clearance is issued in a different name it is important that this name is listed under the personal details section on page 1.	
Date of Issue (dd/mm/yyyy):	Unique Identification Number:

PASSPORT & LICENCE DETAILS

If you have an Australian driver's licence and/or an Australian firearms licence, you must provide the licence number and the state or territory that issued your licence.
If you have a foreign driver's licence and/or firearms licence you must provide the licence number and the country that issued your licence.
If you have a passport, you must provide the passport number and the country that issued your passport.

Passport (if applicable)	Number:	Issued by (Country):
Driver's Licence (if applicable)	Number:	Issued by (State/Territory/Country):
Firearms Licence (if applicable)	Number:	Issued by (State/Territory/Country):

IDENTITY DOCUMENTS

Document requirements:

You must provide a certified copy of your **full birth certificate** and at least two (2) other documents. For the purpose of the Nationally Coordinated Criminal History Check, your documents must include one ***Commencement*** *of identity document*, one ***Primary*** *use document*, and one ***Secondary*** *use document* from the options listed below. At least one of the three (3) documents must contain a photograph of you. If you do not have an identity document containing a photograph from the list below, you must submit a passport-style photograph certified to be a true likeness of you. Copies of all identity documents must be certified by the same person that witnesses your Statutory Declaration (page 7).
The witness must write the following on each copy:

I certify that this is a true and correct copy of the original document sighted by me

at ..... (location, eg. Adelaide)

on ..... (day/month/year)

Signature, full name & occupation of witness

Example Only

1x Commencement of identity document:
(a) full **Australian birth certificate** (not an extract or birth card)
(b) **Australian citizenship certificate**
(c) **Australian Visa** current at time of entry to Australia as a resident or tourist, supported by a foreign passport, which is needed for verification
(d) **ImmiCard** issued by the Department of Home Affairs that enables the cardholder to prove their visa and/or migration status and enrol in services
(e) **Australian passport** (current or up to 3 years expired)

1x Primary use in the community document:
(a) current **Australian passport** (not expired)
(b) current **Australian driver's licence**, learner permit or provisional licence issued by a state or territory, with photograph **(front & back required)**
(c) **ImmiCard** issued by the Department of Home Affairs that enables the cardholder to prove their visa and/or migration status and enrol in services
(d) current foreign **passport** issued by a country other than Australia with a valid entry stamp or visa
(e) current **proof of age** or **photo identity card** issued by an Australian Government agency with a photo and signature

1x Secondary use in the community documents:
(a) **certificate of identity** issued by DFAT
(b) **document of identity** issued by DFAT
(c) **convention travel document secondary** (United Nations) issued by DFAT
(d) **foreign government issued documents** (for example, driver's licence)
(e) **Medicare card** issued by Services Australia
(f) **enrolment with the Australian Electoral Commission**
(g) **security guard** or **crowd control photo licence** issued by an Australian Government agency
(h) **evidence of right to an Australian Government benefit** (Centrelink or Veterans' Affairs)
(i) **consular photo identity card** issued by DFAT
(j) **photo identity card** issued to an officer by a police force
(k) **photo identity card** issued by the Australian Defence Force
(l) **photo identity card** issued by the Australian Government or a state or territory government (this may take the form of a Working with Children/Vulnerable People Card or a government occupational licence)
(m) **Aviation Security Identification Card** issued by the Department of Home Affairs and with a photo
(n) **Maritime Security Identification Card** issued by the Department of Home Affairs and with a photo
(o) **Firearms licence** issued by an Australian State or Territory Police Agency with a photo
(p) **credit reference check** issued by a credit provider
(q) **Australian tertiary student photo identity document**
(r) **official academic transcript** from an Australian tertiary institution
(s) **Australian issued bank card or credit card** (with the card numbers redacted)
(t) **tax file number** on a document issued by the Australian Taxation Office

Change of name
If you provide identity documents using a former name, you **must** provide evidence of your name change. This means providing a certified copy of a change of name certificate issued by the Australian Registry of Births, Deaths and Marriages or an Australian marriage certificate issued by a state or territory or a decree nisi, **in addition to** your three identity documents.

If your change of name documents were issued in a country other than Australia please contact the Board.

QUALIFICATION REQUIREMENTS

Teacher Education Qualification

Name of Qualification	Name of Institution	Length of Course (full-time equivalent)	Start Date (month/year)	Expected completion Date (month/year)

Other Higher Education qualifications:

Name of Qualification	Name of Institution	State or Country	Length of Course (full-time equivalent)	Start Date (month/year)	Completion Date (month/year)	Academic Transcript - eQual or Certified Copy
						☐ eQual ☐ Cert Copy
						☐ eQual ☐ Cert Copy
						☐ eQual ☐ Cert Copy
						☐ eQual ☐ Cert Copy
						☐ eQual ☐ Cert Copy
If more room is required, please list on a separate sheet, sign and attach to this form. Additional sheet included? Yes ☐ No ☐						

ACCEPTANCE INTO TEACHING FUTURES OR INTERNSHIP PROGRAM

Please attach to this application either your acceptance email into the Teaching Futures/Internship program or copy of your Teaching Futures/Internship contract.

LETTER OF EMPLOYMENT

Please attach a formal letter stating your offer of employment as a Teacher at your proposed site.

DECLARATIONS – FITNESS AND PROPRIETY

You must complete all items in this section.

1.	Have you ever had registration, licensing, classification or other authority as a teacher suspended, cancelled or withdrawn in Australia or in any country?	Yes ☐ No ☐
2.	Are you subject to any conditions in practising the profession of teaching in Australia or in any country?	Yes ☐ No ☐
3.	Have you ever been refused registration, licensing or classification as a teacher in Australia or in any country?	Yes ☐ No ☐
4.	Have you ever been (or are you currently), the subject of disciplinary action in response to allegations of incompetence (unsatisfactory performance) as a teacher, misconduct as a teacher, or fitness to be a teacher, or any action (including a preliminary investigation, whether formal or informal) that might lead to such proceedings in Australia or any country?	Yes ☐ No ☐
5.	Have you ever been dismissed or resigned from any employment as a practising teacher in response to or following allegations of unprofessional conduct or incompetence (unsatisfactory performance) in Australia or any country?	Yes ☐ No ☐
6.	Have you ever been dismissed or resigned from any employment in response to or following allegations of improper conduct relating to a child in Australia or any country?	Yes ☐ No ☐
7.	Do you have a serious medical condition, mental or physical impairment or disability which (either now or in the proposed term of registration): a. may affect your capacity to discharge all of the duties and responsibilities of a registered teacher safely and competently? b. may require the provision of special equipment, assistance or arrangements in order to ensure that you can carry out all of the duties and responsibilities of a registered teacher safely and competently? **Note:** If you have answered yes to this question, the Board needs to make a determination about the extent to which your ability to practise as a teacher is, or is likely to be, adversely affected. Please refer to the *Fitness and Propriety – Serious Medical Condition/Mental or Physical Impairment/Disability Form* **Note:** When considering applications for registration the Board is required to comply with State and Federal equal opportunity legislation.	Yes ☐ No ☐ Yes ☐ No ☐
8.	Have you ever been charged with offence/s in the following categories (regardless of the court outcome): - An offence for which a term of imprisonment is a penalty (whether or not a penalty of imprisonment was imposed), this may include traffic offences, OR - Any offence involving illicit drugs, violence, sexual or indecent behaviour, dishonesty or cruelty to animals?	Yes ☐ No ☐
9.	Have you ever been prohibited from working with children in Australia or in any country?	Yes ☐ No ☐

If you have answered YES to any of the above questions, please provide written details of the circumstances relating to the matter in a separate envelope addressed to the Registrar and marked “Private and Confidential”. All matters are considered on an individual basis. You may be required to provide further documentation or participate in an interview.

OVERSEAS CRIMINAL HISTORY RECORD CHECK/DECLARATIONS (OCHRC)

An overseas criminal history record check (OCHRC) is required if the following applies:

- lived in any country outside Australia
- been overseas for a cumulative period of 12 months or more
- while 18 years of age or older
- within the past 10 years

Note: "Cumulative" means the total time spent in each country, even if across multiple trips.

The TRBSA endorses AIS (Accurate Information Systems) International Group as its preferred provider for overseas criminal history checks. Please refer to our website for further information Registering to Teach - Overseas Criminal History Check.

To apply:

1. Visit the AIS International Portal for TRBSA Applicants
2. Complete the online form and pay the required fee
3. Submit the necessary identification and documents

AIS will provide your completed check directly to TRBSA and notify you when results are available.

10.	Have you resided in any country other than Australia for a cumulative period of 12 months or more while 18 years of age or older during the past 10 years?	Yes ☐ No ☐

If you have answered 'Yes' to question 10, please list the country/countries that you have resided in:

Countries in which I have resided:

11.	Do you have any outstanding criminal charges in any overseas country?	Yes ☐ No ☐

If you have answered 'Yes' to question 11, please provided written details of the circumstances relating to the matter in a separate envelope addressed to the Registrar and marked "Private and Confidential".

CONSENT AND STATUTORY DECLARATION

Nationally Coordinated Criminal History Check Consent

I authorise the Teachers Registration Board of South Australia to conduct a nationally coordinated criminal history check for the purpose of assessing this application. I acknowledge that:

- I understand the information on this form.
- my personal information will be extracted from this form and provided to the Australian Criminal Intelligence Commission (ACIC) and Australian Police agencies for the purpose of conducting a nationally coordinated criminal history check, including all names under which I am or have ever been known.
- I understand my personal and police information will be disclosed to the Teachers Registration Board of South Australia
- the nationally coordinated criminal history check is being conducted for the purpose of registration as a teacher in South Australia. This involves unsupervised contact with children and young people.
- the Teachers Registration Board of South Australia is collecting information in this form to provide to the Australian Criminal Intelligence Commission (ACIC) and police agencies, for a nationally coordinated criminal history check to be conducted
- the personal information I have provided relates to me and contains the full name and all names previously/currently used by me.
- withholding and/or providing misleading or false information on this form and in any supplied identity documents is a Commonwealth offence and may lead to prosecution under the *Criminal Code Act 1995* (Cth).
- the personal information that I have provided in this form and on the supplied identity documents may be disclosed to the Teachers Registration Board of South Australia.
- any information sent by mail or electronically, in relation to this form, including identity documents, is sent at my risk and I am aware of the consequences of sending information in these ways.
- I am aware that I, the applicant, am providing consent for a Nationally Coordinated Criminal History Check to be conducted on all personal information provided in this form and provided in supplied identity documents.
- I understand and consent to police information relating to me being disclosed in accordance with the purpose of registration as a teacher; this involves unsupervised contact with children and young people, applicable legislation and information release policies (including spent convictions legislation described in Australian Government and state or territory legislation).
- I give consent to:
  a. the ACIC and police agencies using and disclosing my personal information that I, the applicant, have provided in this form and personal information contained in my supplied identity documents to conduct a Nationally Coordinated Criminal History Check
  b. the ACIC disclosing the police information sourced from the police agencies to other approved bodies and the Teachers Registration Board of South Australia
  c. the Teachers Registration Board of South Australia using my personal information and police information to assess my suitability for registration as a teacher.
- that it is usual practice for my personal information and police information to be used by police agencies and the ACIC for law enforcement, including purposes set out in the *Australian Crime Commission Act 2002* (Cth).

Document Verification Service Consent

The Board uses the Commonwealth Document Verification Service to verify identity documents. For more information please visit the Australian Attorney-General's Department Document Verification Service website (**www.dvs.gov.au**). Any ID provided for this application requires consent as follows:

I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

Consent

If I provide the Board details of an English language test I have completed, I authorise the Board to use the information I provide to verify those results with the test provider. I understand the test provider may be overseas.

I consent to the Board making enquiries of, and exchanging information with, the authorities of any Australian state or territory, or other country, regarding my practice as a teacher or otherwise regarding matters relevant to this application.

I acknowledge that:

- the Board may validate documents provided in support of this application as evidence of my identity
- failure to complete all relevant sections of this application and to enclose all supporting documentation may result in this application not being accepted
- notices required and other correspondence relating to my application and registration (if granted) will/may be sent electronically to me via my nominated email address.

I undertake to comply with all relevant legislation, standards, codes and guidelines.

I understand that personal information that I provide may be given to a third party for regulatory purposes, as authorised or required by legislation.

I declare that:

- the above statements, and the documents provided in support of this application, are true and correct, and
- I am the person named in this application and in the documents provided.

I make this declaration in the knowledge that a false statement is grounds for the Board to refuse registration.

Statutory Declaration

The following Statutory Declaration refers to your Application for Teacher Registration, attached documents and any other supporting information.

Your signature on this page must be witnessed by the **same person** responsible for all document certification.

The Board will only accept Statutory Declarations witnessed by persons authorised under the *Oaths Act 1936*. Examples of persons before whom a Statutory Declaration may be made include: Justice of the Peace, Commissioner for Taking Affidavits, Police Officer (other than a Probationary Constable), Notary Public, and a teacher employed on a full-time basis at a school or tertiary education institution.

I_____do solemnly and sincerely declare
(print your name)

that I have read and understand the information contained herein and my answers to the information required herein, together with information contained in any documents forwarded herewith, are true and correct and I make this solemn declaration, conscientiously believing it to be true and by virtue of the provisions of the *Oaths Act, 1936*. I am aware that an application which is false or misleading in any material particular can lead to prosecution under the *Oaths Act 1936*.

In addition, I understand that, pursuant to sections 54 and 55 of the *Teachers Registration and Standards Act 2004*, a person must not make a statement that is false or misleading in a material particular (whether by reason of the inclusion or omission of any particular) in any information provided under this Act, and that a person who by fraud or any other dishonest means procures registration for himself or herself, or for another person, is guilty of an offence. I am aware that an application which is false or misleading in any material particular can lead to refusal or cancellation of my teacher registration pursuant to the *Teachers Registration and Standards Act 2004*. Maximum penalty: $10 000.

Applicant's Signature_____Date_____/_____/_____

Declared before me at_____this_____day of_____20_____

I verify, to the best of my ability, that all photographs contained within the documents certified by me are photographs of the applicant.

I verify that where I have certified a printed copy of an electronic document, I have satisfied myself that the printed copy is a true and correct copy of the electronic original by viewing the document on an official website or computer under the control of the document's issuing authority and have compared the printed copy against the electronic original.

Name:_____

Address:_____

_____

Signed:_____

Occupation/Position:_____

Please Note: The above declaration and your identity documents attached to this application must be certified by the same witness.

PAYMENT CALCULATOR

From 1 February 2026 fees are outlined below:



FEE AND REFUND RULES

Please note:

1. The Application fee is non-refundable
2. The Nationally Coordinated Criminal History Check fee (if conducted) is non-refundable.
3. Applications will not be processed without full payment of the application fee.

PAYMENT DETAILS

We do not accept cash or electronic bank transfers. Payment will be processed at the time you submit your **complete** application.

Payment of fees can be made by either of the following: cheque ☐ money order ☐

or, I authorise the Teachers Registration Board to draw on my: Visa ☐ Mastercard ☐

Signature:_____

Cardholder Name:_____Amount: $_____
(print name in full)

Your credit card number and CVV number will be securely destroyed once payment is taken.

Card number: _____ Expiry Date:____/____ CVV:_____

Documentation Checklist

You must provide the following items with your application:

A certified copy of your full birth certificate.	☐
A certified copy of a document with photographic identification (i.e. driver's licence [front & back required] or passport) or a passport-style photograph certified to be a true likeness of you.	☐
3x Proof of identity documents required for the Nationally Coordinated Criminal History Check.	☐
Details of a current Department of Human Services Working With Children Check.	☐
Teaching qualifications evidence **Teacher Education** - students must attach Letter of Enrolment *and or* Statement of Acceptance *and or* an unofficial transcript (statement of results so far) and **Other Higher Education Qualifications:** - attach original or certified copies of official academic transcripts including evidence of completion/ conferral date of the award.	☐
Proof of enrolment and acceptance in a Teach for Australia employment-based accredited initial teacher education program	☐
A copy of the written offer of employment from a school or prescribed service.	☐
If applicable, you must also provide the following items:	
Certified evidence supporting any change of names reflected in your application (for example, a certified copy of a marriage certificate or official change of name certificate).	☐
An original or certified copies of national overseas criminal history record checks issued within the last 12 months from the countries you advised us you have resided in as listed on page 5 of the application form. You must obtain this documentation before lodging this application with the Board. These checks must reflect all names by which you have ever been known.	☐

Please note:

- Copies of original documents **must be certified by the same authorised person**.
- Each document submitted for certification must be a photocopy with the original document available for sighting at the time of certification.
- In some circumstances the Board may require presentation of an original document.
- If all documents have not been correctly certified, the application will not be accepted and will be returned to you.
- All documents in a language other than English lodged as part of an application for teacher registration must be submitted with official certified English translations (refer to NAATI website **www.naati.com.au**).

Applications must be submitted either by post, in person or via email to sat@trb.sa.edu.au;

Post	**In person**
Teachers Registration Board Po Box 3649 RUNDLE MALL SA 5000	Teachers Registration Board LEVEL 6, 70 Pirie Street ADELAIDE SA 5000

Applications submitted incomplete will not be accepted and will be returned to you.