



- An application must be submitted in person, by mail or email
 Post: Teachers Registration Board of South Australia
 PO Box 3649
 RUNDLE MALL SA 5000
 OR
 In person: Teachers Registration Board of South Australia
 Level 6, 70 Pirie Street
 ADELAIDE SA 5000
- Or Email sat@trb.sa.edu.au
- An incomplete application will not be accepted and will be returned to you.

Documentation or information checklist

You must provide the following items with your application

- | | |
|--|--------------------------|
| 1. A certified copy of your full birth certificate | <input type="checkbox"/> |
| 2. A certified copy of a document with photographic identification (i.e. passport or driver's licence). | <input type="checkbox"/> |
| 3. A certified copy of your current Department of Human Services Child-related Screening Clearance or details of your Working with Children Check. | <input type="checkbox"/> |
| 4. Qualifications evidence: Original or certified copies of official academic transcripts including evidence of completion/conferral date of the award(s). | <input type="checkbox"/> |
| 5. Proof of enrolment and acceptance in a Teach for Australia employment-based accredited initial teacher education program. | <input type="checkbox"/> |
| 6. An application cannot be accepted without the Statutory Declaration (referred to in Item 6 in the application form) correctly completed. | <input type="checkbox"/> |

If applicable, you must also provide the following items:

- | | |
|---|--------------------------|
| 1. A certified copy of evidence of all name changes e.g. marriage certificate, decree nisi, deed poll, etc | <input type="checkbox"/> |
| 2. Original or certified copies of national overseas criminal history record checks issued within the last 12 months from the countries you declared in question 6.9 on page 7 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. | <input type="checkbox"/> |

The application will be submitted to the Board once all sections are completed, all required documentation provided and the fee paid.

Please note:

- Employer to complete Sections 1- 3
- Nominated applicant to complete Sections 4 - 8 and Nationally Coordinated Criminal History Check Application and Informed Consent Form.

Please note:

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 8).

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

1 x 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)

1 x 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

1 x 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.

EMPLOYER TO COMPLETE

1. CONTACT DETAILS

Employer

Full name of employer

Address

Telephone

Email

Director/Principal

Title (Mr/Mrs/Ms/Dr/Other)

Surname

Given Names

Address

Telephone

Email

School-based Mentor

Title (Mr/Mrs/Ms/Dr/Other)

Surname

Given Names

Position Held

Academic Mentor

Title (Mr/Mrs/Ms/Dr/Other)

Surname

Given Names

Position Held

Number of current SAT (EBP) employed at your school:

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

2. EMPLOYMENT-BASED PATHWAY TEACHING POSITION

2.1 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

3. EMPLOYER DECLARATION

I, _____
(full name)

of, _____
(address)

in the state of South Australia, _____
(occupation)

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.
- Name of SAT (EBP) holder: _____
- Period of employment: _____
(date or date(s) of contract)

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.

4. APPLICANT TO COMPLETE

PERSONAL DETAILS

Preferred Name: (for correspondence)*

Title (Mr/Mrs/Ms/Dr/Other)	
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*If your preferred name is different from your first name, you must also declare that name on the *Nationally Coordinated Criminal History Check Application and Informed Consent Form*.

FULL NAME:

Family/Surname	Given Name(s)
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Do you identify as an Aboriginal or Torres Strait Islander? Yes No (please tick)

Address for correspondence (your postal address)

Telephone	Mobile
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Email

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

Working with Children Check (WWCC).

PLEASE PROVIDE the full name the check was issued in.

Date of Issue	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>		Reference or Unique Identification Number <input style="width: 300px;" type="text"/>
	Day	Month	Year		

5. TEACHER EDUCATION QUALIFICATION

Please provide details as required below.

Name of Qualification	Name of Institution	Proposed Start Date (mm/yy)	Proposed Completion Date (mm/yy)

Other higher education qualifications held by applicant

Name of Qualification	Name of Institution	State or Country	Length of Course (full-time equivalent)	Start Date (month/year)	Completion Date (month/year)


For each qualification listed above, attach original or certified copies of official academic transcripts including evidence of completion/conferral date of the awards(s) and certified copies of the parchment/degree certificate(s).

6. DECLARATIONS - FITNESS AND PROPRIETY

You must complete all items in this section.

- 6.1 Have you ever had registration, licensing, classification or other authority as a teacher suspended, cancelled or withdrawn in Australia or in any other country? Yes No
- 6.2 Are you subject to any conditions in practising the profession of teaching in any state, territory or country? Yes No
- 6.3 Have you ever been refused registration, licensing or classification as a teacher in Australia or any other country? Yes No
- 6.4 Have you ever been (or are you currently) the subject of disciplinary proceedings or any action that might lead to such proceedings in any jurisdiction? Yes No
- 6.5 Have you ever been dismissed or resigned from employment as a practising teacher in response to or following allegations of unprofessional conduct in any jurisdiction? Yes No
- 6.6 Have you ever been dismissed or resigned from any employment in response to or following allegations of improper conduct relating to a child in any jurisdiction? Yes No
- 6.7 Do you have an injury, illness or disability which (either now or while a holder of a SAT (EBP):
- a. May affect your capacity to discharge all of the duties and responsibilities of an unregistered person to teach safely and competently? Yes No
- 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 an unregistered person to teach safely and competently? Yes No

Note: The Teachers Registration Board is required, when considering applications for special authority, to comply with State and Federal equal opportunity legislation. The above information is required to enable the Board to carry out its statutory functions, but will not be used to discriminate unlawfully against any applicant.

- 6.8 Have you ever been charged with or convicted of an offence/s in the following categories:
-  - An offence for which a term of imprisonment is a penalty (whether or not a penalty of imprisonment was imposed), OR
- Any offence involving illicit drugs, violence, sexual or indecent behaviour, dishonesty, cruelty to animals? 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 "Confidential". All matters are considered on an individual basis. You may be required to provide further documentation or participate in an interview.

6.9 Overseas Criminal History Check/Declaration

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.

6.10	Have you resided in any country other than Australia for more than 12 continuous months during the past 10 years when over 18 years of age?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If you have answered 'Yes' to question 10, please list the country/countries that you have resided in:

Countries in which I have resided:

6.11	Do you have any outstanding criminal charges in any overseas country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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".

7. STATUTORY DECLARATION

The following Statutory Declaration refers to your Application for a Special Authority for an Unregistered Person, attached documents, and any other supporting information.

Your signature on this page must be witnessed by a person 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.

The Board cannot accept Statutory Declarations witnessed by any other authority. The same Justice of the Peace must also certify all copies of original documents supplied with the application.

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)

Declared before me at _____ this _____ day of _____ 20____

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

8. DOCUMENT VERIFICATION SERVICE CONSENT

The TRB 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 (pages 1 to 8) 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.

Applicant's Signature _____ Date ____/____/____

OFFICE USE ONLY Application Type: Registration No.

Section 7: OCHC required: OCHC cleared: Cleared by:

Section A – Personal information

A1. Please read this before answering the following questions.

You must disclose all names you have been known by throughout your life, including your primary name, name before marriage (maiden name), and other previous names and/or alias names.

With each additional name you provide, you must include your family name, first given name and other given names (if applicable). Please ensure the full additional name is stated.

Example:

When Lucianne was born, she was given the first name Lucianne, second given name Jane and surname of Jones. When she was married, she changed her surname to Smith.

Lucianne commonly uses the name Lucy when introducing herself in the community.

As such, Lucianne has four known names—her current name, pre-marriage name, the alias name she used before she got married and the alias name she uses now. Lucianne needs to provide all four names when completing this form, as follows:

Current name:	Smith, Lucianne Jane
Pre-marriage name:	Jones, Lucianne Jane
Alias name:	Smith, Lucy Jane
Alias name:	Jones, Lucy Jane

Primary name

Family/Surname	First given name
	Other given name(s)

Previous/Other known name (if applicable):

Family/Surname	First given name
Name type: Maiden <input type="checkbox"/> Alias <input type="checkbox"/> Previous <input type="checkbox"/>	Other given name(s)
Family/Surname	First given name
Name type: Maiden <input type="checkbox"/> Alias <input type="checkbox"/> Previous <input type="checkbox"/>	Other given name(s)
Family/Surname	First given name
Name type: Maiden <input type="checkbox"/> Alias <input type="checkbox"/> Previous <input type="checkbox"/>	Other given name(s)



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

Additional sheet attached? Yes No

A2. Please read this before answering the following questions.

You must select the gender that best describes how you identify yourself within the community.

The ACIC's processes are aligned with the Australian Government *Guidelines on the Recognition of Sex and Gender*. For more information, contact the ACIC directly on 02 6268 7900 or npcs@acic.gov.au.

Gender: M (Male) F (Female) X (Indeterminate/intersex/unspecified)

A3. Please read this before answering the following questions.

If you cannot provide all these details, contact the TRB.

Your Date of Birth:

Your Place of Birth:

Day Month Year Town/Suburb State Country

A4. Please read this before answering the following questions.

Please provide your current and previous residential addresses for the past five years.

If you cannot provide full details, provide as much information as possible. If you are unsure how to complete this section contact the TRB.

Current Residential Address (Street address, Suburb/town, State/territory, Postcode, Country)

Dates residing at address:

From: / /

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: / /

 If more room is required, please list on a separate sheet, sign and attach to this form. Additional sheet attached? Yes No

A5. Please read this before answering the following questions.

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 a 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)

Driver's Licence:
(if applicable)

Firearms licence:
(if applicable)

PAYMENT CALCULATOR

From 1 February 2026

<div style="background-color: #003366; color: white; padding: 5px; font-weight: bold;">Application fee:</div> <div style="font-size: 2em; font-weight: bold; color: #003366;">\$187</div>	+	<div style="background-color: #003366; color: white; padding: 5px; font-weight: bold;">Annual fee:</div> <div style="font-size: 2em; font-weight: bold; color: #92d050;">\$</div> <table border="1" style="margin: 10px auto; border-collapse: collapse; width: 80%;"> <tr> <td style="padding: 2px;">1 year</td> <td style="padding: 2px; text-align: right;">\$137</td> </tr> <tr> <td style="padding: 2px;">2 years</td> <td style="padding: 2px; text-align: right;">\$274</td> </tr> </table> <div style="font-size: 0.8em; color: #92d050; text-align: center;">*Refer to note 4 for clarification on applicable Annual Fee</div>	1 year	\$137	2 years	\$274	<p>See www.trb.sa.edu.au/home/Payment-of-Registration-Fees for more detailed information about the Board's fee structure</p>	
1 year	\$137							
2 years	\$274							
<div style="background-color: #003366; color: white; padding: 5px; font-weight: bold;">Nationally Coordinated Criminal History Check:</div> <div style="font-size: 2em; font-weight: bold; color: #003366;">\$28</div>	+	<table border="1" style="margin: 10px auto; border-collapse: collapse; width: 80%;"> <tr> <td style="padding: 2px;">1 year</td> <td style="padding: 2px; text-align: right;">\$137</td> </tr> <tr> <td style="padding: 2px;">2 years</td> <td style="padding: 2px; text-align: right;">\$274</td> </tr> </table>	1 year	\$137	2 years	\$274	=	<div style="background-color: #92d050; color: white; padding: 5px; font-weight: bold;">Total amount payable:</div> <div style="font-size: 2em; font-weight: bold; color: #92d050;">\$ INSERT FEE</div>
1 year	\$137							
2 years	\$274							

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.
4. Applicable Annual Fee to pay:

If your SAT commences at the **start of your second year of study of your two year Master of Teaching** you are required to pay 1 Year Annual Fee (\$137).

If your SAT commences at the **start of your first year Master of Teaching**, you are required to pay 2 Years Annual fees (\$274).

PAYMENT DETAILS

An EFTPOS machine is available in the office reception until 4:00pm weekdays. 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

Cardholder Name: _____ Amount: \$ _____
(print name in full)

Signature: _____

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

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