


Please refer to the guideline booklet at: www.trb.sa.edu.au/trb-mra-guidelines

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

Email copies not accepted - Please post the completed form to **PO Box 3649, Rundle Mall 5000**

PERSONAL DETAILS

<p>Have you previously applied for or held registration with the Teachers Registration Board of South Australia?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) Registration Number (if known): _____</p>			
<p><u>Name under which you hold registration</u></p> <p>If you are seeking teacher registration with the Teachers Registration Board of South Australia in accordance with the Mutual Recognition Principle you must use the same name under which you currently hold registration/accreditation in the Australian State or Territory, or New Zealand. If you wish to change the name you are to be registered in with the Teachers Registration Board of South Australia you can only do so after registration has been granted.</p>			
<p>Title: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other _____</p>			
<p>Family name/surname:</p>			
<p>Given name(s):</p>		<p>Preferred name: <small>(for correspondence):</small></p>	
<p>PLEASE NOTE: Pursuant to section 28(4) of the <i>Teachers Registration and Standards Act 2004</i> you must inform the Registrar in writing within 28 days of any change of name. Maximum penalty: \$1 250. Expiation fee: \$160.</p>			
<p>Other names by which you have ever been known including: (please indicate <input checked="" type="checkbox"/> beside each other name) (A) = <i>Alias</i>; (M) = <i>Maiden (pre-married name)</i>; (P) = <i>previous name (changed by Deed Poll)</i></p>			
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> P	Family name/surname:	Given name(s):	
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> P	Family name/surname:	Given name(s):	
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> P	Family name/surname:	Given name(s):	
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> P	Family name/surname:	Given name(s):	
<p> If more room is required, please list on a separate sheet, sign and attach to this form.</p> <p>Additional sheet included? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>Date of Birth (dd/mm/yyyy):</p>			
Place of Birth	Country:	State/Territory:	Suburb/Town/City:
<p>Gender: (You must select the gender that best describes how you identify yourself within the community) M <input type="checkbox"/> Male F <input type="checkbox"/> Female X <input type="checkbox"/> Indeterminate/intersex/unspecified</p>			
<p>Other Information:</p> <p>Are you of Aboriginal and/or Torres Strait Islander descent? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)</p>			
<h2>CONTACT DETAILS</h2>			
Telephone			
Landline:		Mobile:	
<p>Preferred email:</p> <p>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.</p>			
OFFICE USE ONLY			Reg No.:

APPLICATION FOR
TEACHER REGISTRATION
UNDER MUTUAL RECOGNITION

ADDRESS INFORMATION (Postal & Residential)

Current Postal Address (Street address, Suburb/Town, State/Territory, Postcode, Country):
Is this also your current residential address? Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Residential Address [if different from 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 <i>Teachers Registration and Standards Act 2004</i> you must inform the Registrar in writing within 28 days of any change of postal and/or residential address. Maximum penalty \$1 250. Expiation fee \$160.

WORKING WITH CHILDREN CHECK (Issued in South Australia)

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 this name is listed in the personal details section on page 1.	
Date of Issue (dd/mm/yyyy):	Unique Identification Number:

PLEASE NOTE: The Teachers Registration Board of South Australia can only accept Working With Children Checks issued by the Department of Human Services in South Australia.

Further note you cannot undertake employment in a school or prescribed service in South Australia until you have a current South Australian issued Working With Children Check.

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
						<input type="checkbox"/> eQual
						<input type="checkbox"/> Cert Copy
						<input type="checkbox"/> eQual
						<input type="checkbox"/> Cert Copy
						<input type="checkbox"/> eQual
						<input type="checkbox"/> Cert Copy

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

Additional sheet included? Yes No

PLEASE NOTE: Under Mutual Recognition you are not required to provide copies of academic transcripts to the Board. However, attaching **certified copies** of your final Academic Transcripts allows the Board to have an accurate record of your qualifications..

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TEACHING APPOINTMENT

Have you been offered employment as a teacher in a school or prescribed service?

Yes

No



If you have answered 'Yes' you must attach an original or certified copy of the written offer of employment.

Name of school/prescribed service:
Expected date of commencement (dd/mm/yyyy):

CURRENT REGISTRATION/ACCREDITATION

It is a requirement of mutual recognition that you are currently registered and able to practise the profession of teaching in another Australian State or Territory, or New Zealand.

In which jurisdiction(s) are you currently registered/accredited? Please ensure you include all jurisdictions where you are currently registered/accredited below.

State/Jurisdiction (please tick)	Registration/Accreditation Number	Registration/Accreditation Category	Registration/Accreditation Expiry Date	Financial Expiry Date
Australian Capital Territory <input type="checkbox"/>				
New South Wales <input type="checkbox"/>				
Northern Territory <input type="checkbox"/>				
Queensland <input type="checkbox"/>				
Tasmania <input type="checkbox"/>				
Victoria <input type="checkbox"/>				
Western Australia <input type="checkbox"/>				
New Zealand <input type="checkbox"/>				

DOCUMENTARY EVIDENCE OF REGISTRATION/ACCREDITATION



Please provide documentary evidence to demonstrate you are currently registered as a teacher in the Australian State or Territory, or New Zealand that you are relying upon for registration in South Australia.

The documentation I am attaching is:

- A certified copy of the document evidencing my existing teacher registration (i.e. current registration/accreditation certificate/card). (*Electronic issued registration certificate/card is not required to be certified*)

and/or

- Sufficient information that identifies me and my teacher registration as no original documentation of my current teacher registration exists.
- Teacher Summary Report (eTAMS for NESAs NSW accredited teachers only).




PLEASE NOTE: South Australian registration periods all end on 31 January. If registration is granted by the Teachers Registration Board of South Australia, your registration expiry date will align to 31 January in the year following your current jurisdiction registration expiry date.

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DECLARATIONS REGARDING DISCIPLINARY ACTION

1.	Are you the subject of disciplinary proceedings (including any preliminary investigations or action that might lead to disciplinary proceedings) in any Australian State or Territory, or in New Zealand in relation to your registration/occupation as a teacher?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Is your registration as a teacher in any Australian State or Territory, or in New Zealand cancelled or currently suspended as a result of disciplinary action?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Are you personally prohibited from carrying out your occupation as a teacher as a result of criminal, civil or disciplinary proceedings in any Australian State or Territory, or in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Is your registration as a teacher subject to any special conditions as a result of criminal, civil or disciplinary proceedings in any Australian State or Territory, or in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Is your registration as a teacher subject to any special conditions in any Australian State or Territory, or in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

 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.

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STATUTORY DECLARATION

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

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

I _____ of _____
(Full name of applicant) (Address)

(Occupation)

Do solemnly and sincerely declare/affirm the following:

- I am seeking registration as a teacher with the Teachers Registration Board of South Australia in accordance with the Mutual Recognition Principle.
- I consent to the Teachers Registration Board of South Australia making inquiries of and exchanging information with any registration authority in any Australian State or Territory or in New Zealand regarding my activities as a teacher or other matters relevant to this notice.
- I certify that the copy of my current registration/accreditation certificate(s)/card(s) is a complete and accurate copy of the original.
- I understand that under the terms of the *Teachers Registration and Standards Act 2004*, at a minimum, my name, registration number and expiry date will appear on the Register of Teachers published on the Teachers Registration Board of South Australia website.
- I have completed this 'Notification to the Teachers Registration Board of South Australia' and I acknowledge that the information provided in this application form and all supporting documents is true and correct.
- I have provided this declaration with the understanding and belief that a person making a false declaration is liable to the penalties of perjury.
- 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 *Statutory Declarations Act 1959 (Cth)*.
- I am aware that an application which is false or misleading in any material particular can lead to prosecution under the *Statutory Declarations Act 1959 (Cth)* and to refusal or cancellation of my teacher registration pursuant to the *Teachers Registration and Standards Act 2004*.

Applicant's Signature _____ Date ____/____/____

The person witnessing this declaration has verified via face-to-face comparison with a current original government-issued photographic identity document*

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

I verify that the attached annexures as certified by me are, true and correct copies of the original documents.

Name: _____

Address: _____

Signed: _____

Position held: _____

*Driver's licence, passport and proof-of-age card are examples of government-issued photographic identity documents.

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PAYMENT CALCULATOR

Application fee: \$206	Annual fee: <small>You will be granted a term equivalent to the number of years remaining on your current term of registration (subject to approval) See below.</small> \$ INSERT FEE <small>Please choose the amount you wish to pay upfront for your five-year term of registration</small> <table><tr><td>1 year</td><td>\$129</td></tr><tr><td>2 years</td><td>\$259</td></tr><tr><td>3 years</td><td>\$388</td></tr><tr><td>4 years</td><td>\$518</td></tr><tr><td>5 years</td><td>\$647</td></tr></table>	1 year	\$129	2 years	\$259	3 years	\$388	4 years	\$518	5 years	\$647	See www.trb.sa.edu.au/fees for detailed information about the Board's fee structure
1 year	\$129											
2 years	\$259											
3 years	\$388											
4 years	\$518											
5 years	\$647											
	Total amount payable: \$ INSERT FEE											

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FEE AND REFUND RULES

Please note:

1. The Application fee is non-refundable
2. All applications must include the application fee plus an annual registration fee for each year you wish to pay up to your existing interstate registration/accreditation expiry date (see guidelines 'Payment Details - Annual Fees').
3. An annual fee for the current year is applicable if your application is successful.
4. The financial year operates from 1 February of a given year to 31 January of the following year.
5. All registered teachers will receive an annual fee invoice for the full annual fee payment due for the next year of registration.
6. Registration will be suspended if the annual fee is not paid. This fee is due and payable when registration is granted.
7. Annual fees can be paid up to and including the final year of the registration (i.e. for 5 years).

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: \$ _____

Signature: _____
(print name in full)

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

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