

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 10.

Please note:

- Employer to complete pages 1 and 2
- Nominated applicant to complete pages 3 to 9.
- Payment details page 10.

CONTACT DETAILS

Employer

Full name of employer	
Address	
Telephone	Email

Location of Vacancy

Site name

Director/Principal

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

ADVERTISED 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

OFFICE USE ONLY	New Applicant <input type="checkbox"/>	Previous Applicant <input type="checkbox"/>	Authority No. <input style="width: 90%;" type="text"/>
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ADVERTISED TEACHING POSITION (CONTD)

Reasons for the position’s vacancy (attach extra sheet if needed)

Date of advertisement

Please indicate all methods of advertising the position

(i.e. newspapers, websites, internal employment networks, etc.)

Registered Teachers: List the names, qualifications and registration numbers of registered teachers who applied, as well as the reasons for not nominating a registered teacher for this position.

Qualifications/Experience: List the relevant academic qualifications and/or experience held by the nominated applicant.

Reasons for proposing the nominated applicant.

EMPLOYER DECLARATION

I have interviewed the nominated applicant and have discussed the nature of the duties and the responsibilities of the position.

I am of the opinion that the nominated applicant _____ is a fit and proper person to teach and has the necessary skills and abilities to perform the tasks required of the advertised position.

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 _____



NOMINATED APPLICANT

PERSONAL DETAILS

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 _____			
Family name/surname:			
Given name(s):		Preferred name: <small>(for correspondence):</small>	
PLEASE NOTE: Pursuant to section 31(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.			
Other names by which you have ever been known including: (please indicate ✓ beside each other name) (A) = <i>Alias</i> ; (M) = <i>Maiden (pre-marriage name)</i> ; (P) = <i>previous name (changed by Deed Poll)</i>			
<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):	
If more room is required, please list on a separate sheet, sign and attach to this form. Additional sheet included? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> Male F <input type="checkbox"/> Female X <input type="checkbox"/> Indeterminate/intersex/unspecified			
Other Information: Are you of Aboriginal and/or Torres Strait Islander descent? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick)			

CONTACT DETAILS

Telephone Landline:	Mobile:
Email:	
PLEASE NOTE: The Board will use this email address as your authorised 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 to Teach or registration in South Australia? Yes No (please tick)

NCCHC Batch No.:	Cleared by:	Date:
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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 30(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 or Child Related Screening Clearance.

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 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)	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

Please note you may be able to use the identity documents you provide for both purposes.

1. Required for Authorisation

You must provide certified copies of:

1. your **full birth certificate**.
2. a document containing your photographic identification (i.e. **driver's licence [front & back required]** or **passport**).



2. Required for the Nationally Coordinated Criminal History Check

You must provide certified copies of **four (4) documents to confirm your identity** for the purpose of the Nationally Coordinated Criminal History Check as detailed below:



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) current **Australian passport** (not 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, showing signature and/or photo and the same name as claimed **[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) **Australian marriage certificate** issued by a state or territory (church or celebrant-issued certificates are not accepted)
- (e) current **passport** issued by a country other than Australia with a valid entry stamp or visa
- (f) current **proof of age** or **photo identity card** issued by an Australian Government agency in your name, with a photo
- (g) current **shooter** or **firearms licence** showing a signature and photo (not minor or junior permit or licence).

2x Secondary use in the community documents:

- (a) **certificate of identity** issued by DFAT to refugees and non-Australian citizens for entry to Australia
- (b) **document of identity** issued by DFAT to Australian citizens or persons who have the nationality of a Commonwealth country for travel purposes
- (c) **convention travel document secondary** (United Nations) issued by DFAT
- (d) **foreign government issued documents** (for example, driver's licence)
- (e) **Medicare card**
- (f) **A relationship certificate** issued by a state or territory Births, Deaths and Marriages
- (g) **enrolment with the Australian Electoral Commission**
- (h) **security guard** or **crowd control photo licence**
- (i) **evidence of right to an Australian Government benefit** (Centrelink or Veterans' Affairs)
- (j) **consular photo identity card** issued by DFAT
- (k) **photo identity card** issued to an officer by a police force
- (l) **photo identity card** issued by the Australian Defence Force
- (m) **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)
- (n) **Aviation Security Identification Card**
- (o) **Maritime Security Identification card**
- (p) **Firearms licence**
- (q) **Australian tertiary student photo identity document**
- (r) Certified **official academic transcript** from an Australian university
- (s) **bank card, credit card or bank statement** (without recording the payment/card number/s)
- (t) **Australian private health insurance card**

Change of name

If you provide identity documents using a former name, you **must** provide evidence of your name change. This means providing 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 four identity documents (i.e. if you use your marriage certificate for name change purposes, you **cannot** use it for ID).

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



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
						<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

ENGLISH LANGUAGE PROFICIENCY REQUIREMENT

If applicable, indicate which English language test you have completed in the boxes provided:

IELTS

ISLPR

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 <input type="checkbox"/>	No <input type="checkbox"/>
2.	Are you subject to any conditions in practising the profession of teaching in Australia or in any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Have you ever been refused registration, authorisation, licensing or classification as a teacher in Australia or in any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 or authority holder, misconduct as a teacher or other authority holder, or fitness to be a teacher or other authority holder, or any action (including a preliminary investigation, whether formal or informal) that might lead to such proceedings in Australia or any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Have you ever been dismissed or resigned from any employment as a practising teacher or authority holder in response to or following allegations of unprofessional conduct or incompetence (unsatisfactory performance) in Australia or any country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
7.	Do you have a serious medical condition, mental or physical impairment or disability which (either now or in the proposed term of authorisation): a. may affect your capacity to discharge all of the duties and responsibilities of an authority holder 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 an authority holder 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 an authority holder 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 authorisation the Board is required to comply with State and Federal equal opportunity legislation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
9.	Have you ever been prohibited from working with children in Australia or in any country?	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.

OVERSEAS CRIMINAL HISTORY RECORD CHECK/DECLARATIONS



If you have resided in a country other than Australia for more than 12 continuous months during the past 10 years, when over the age of 18 years, you must provide either original or certified copies of overseas criminal history record checks from those countries issued within the last 12 months. Please note the Board will only accept certain overseas criminal history record checks for authorisation purposes. You should therefore refer to the instructions for obtaining acceptable checks which are available on the Board website at www.trb.sa.edu.au/ochrc.

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:

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".



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 a special authority for an unregistered person to teach 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 a special authority for an unregistered person to teach; 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, authority holder 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 authorisation (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.



CONSENT AND STATUTORY DECLARATION (CONTD)

Statutory Declaration

The following Statutory Declaration refers to your Application for an Unregistered Person to Teach, 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 the following persons as listed in the *Oaths Act 1936*: Justice of the Peace; Commissioner for Taking Affidavits (lawyers admitted to practice); Proclaimed Police Officer; and Notary Public.

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 a special authorisation 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 revocation of my authorisation 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 that all photographs contained within the documents certified by me are, to the best of my ability, photographs of the applicant.

Name: _____

Address: _____

Signed: _____

Position held: _____



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.
4. The financial year operates from 1 February of a given year to 31 January of the following year.

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

Signature: _____ Expiry Date: ____/____/____

Cardholder Name: _____ Amount: \$ **331** _____
(print name in full)

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

Card number: _____

CVV: _____



Documentation Checklist

You must provide the following items with your application:

A certified copy of your full birth certificate.	<input type="checkbox"/>
A certified copy of a document with photographic identification (i.e. driver's licence [front & back required] or passport).	<input type="checkbox"/>
4x Proof of identity documents required for the Nationally Coordinated Criminal History Check.	
Details of a current Department of Human Services Working With Children Check or Child Related Screening Clearance.	<input type="checkbox"/>
<u>If applicable</u> , you must also provide the following items:	
Certified evidence supporting any change of names reflected in my application (for example, a copy of my marriage certificate or official change of name certificate).	<input type="checkbox"/>
A certified copy of your English language proficiency test results and indicate which English language test you have completed in the boxes provided.	<input type="checkbox"/>
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 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"/>

Please note:

- All documentation supplied in support of your application must be the **original** or a **certified copy**.
- 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 a special authority for an unregistered person to teach must be submitted with official certified English translations (refer to NAATI website www.naati.com.au).