



- An application must be submitted in person or by mail.

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

- Applications submitted by email will not be accepted.
- You must complete all nine pages of the application.
- An incomplete application will not be accepted and will be returned to you.

1. PERSONAL DETAILS

Preferred Name: (for correspondence) *

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

* If your preferred name is different from your first name, you must also declare that name on page 7 of the *Nationally Coordinated Criminal History Check Application and Informed Consent Form*.

Full Name:

Family/Surname

Given Name(s)

Do you identify as an Aboriginal or Torres Strait Islander?

Yes

No

(please tick)

Address for correspondence (your postal address)

Telephone

Mobile

Email

Pursuant to Section 28 (4) you must notify the Registrar within 28 days of any change of name or address.
Maximum penalty \$1250, Expiation fee \$160.

Please provide details of your current Department of Human Services (previously known as Department for Communities and Social Inclusion) Child Related Screening Clearance reference number or your Working with Children Check unique ID number. You can apply for a Working with Children Check through the Department of Human Services: <https://bit.ly/307GjLo>

The full name the clearance or check was issued in:

Date of Issue

Day

Month

Year

Reference or Unique
Identification Number:

2. QUALIFICATION REQUIREMENTS

Refer to Page 2 of the Guideline booklet at: www.trb.sa.edu.au/trb-1e-guidelines

3. RECORD OF TEACHING SERVICE OVER THE LAST SIX YEARS (2016 - 2021)

Refer to Page 2 of the Guideline booklet at: www.trb.sa.edu.au/trb-1e-guidelines.

Do not include supervised teaching practice or any details relating to periods of paid or unpaid leave from employment.

4. PROFESSIONAL RESPONSIBILITIES

Refer to Page 2 of the Guideline booklet at: www.trb.sa.edu.au/trb-1e-guidelines

Mandatory Notification Training

Attach either:



- a copy of your certificate of completion for the online Responding to Risks of Harm, Abuse and Neglect - Education and Care 2 hour online fundamentals course; OR
- a certified copy of your certificate of completion for a 7-hour Mandatory Notification Training course or Full Certification Certificate.

Please tick YES or NO to each of the following declarations:

Please tick boxes as appropriate

Professional Learning

PL.1 I have completed 60 hours of professional learning within my previous term of registration.

Yes No

If you have answered YES to PL.1, you don't need to provide any further evidence. Your application may be selected as part of the Professional Learning Audit in the future.

If you have answered NO to PL.1 you will not meet the requirements for registration. Please provide a letter of explanation to the Registrar with your application form.

Professional Practice

PP.1 I have completed 60 days of satisfactory teaching service within my previous term of registration.

Yes No

If you have answered YES to PP.1, you don't need to provide any further evidence. Your application may be selected as part of an audit in the future.

If you have the notation on your current Certificate of Registration you will need to provide a Statement of Service from your employer to have it removed.

If you have answered NO to PP.1 you may be granted registration with the following notation on your certificate "60 days

5. TEACHING APPOINTMENT

Refer to Page 2 of the Guideline booklet at: www.trb.sa.edu.au/trb-1e-guidelines

Are you currently employed as a teacher in a school or prescribed service?

Yes No

If you have answered YES:

Name of school/prescribed service

Date of commencement:

Day	Month	Year



If you are yet to commence, attach a certified copy of the written offer of employment from a school or prescribed service.

6. DECLARATIONS - FITNESS AND PROPRIETY

Refer to Page 2 of the Guideline booklet at: www.trb.sa.edu.au/trb-1-guidelines

You must complete all items in this section.

- 1 During your recent term of registration, 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
- 2 Are you subject to any conditions in practising the profession of teaching in any state, territory or country? Yes No
- 3 During your recent term of registration, have you been refused registration, licensing or classification as a teacher in Australia or any other country? Yes No
- 4 During your recent term of registration, have you 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 During your recent term of registration, have you 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 During your recent term of registration, have you 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? 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 a registered teacher safely and competently? Yes No

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.

Note: When considering applications for registration the Board is required to comply with State and Federal equal opportunity legislation.

- 8 Since your most recent NCCHC (date on page 1), have you 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.

NATIONAL OVERSEAS CRIMINAL HISTORY RECORD CHECK/DECLARATIONS

If you have resided in a country other than Australia for more than 12 continuous months during your current term of registration, you must provide either original or certified copies of national overseas criminal history record checks from those countries issued within the last 12 months. Please note the Board will only accept certain national overseas criminal history record checks for registration 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 ever been prohibited from working with children in Australia or in any country? 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 provide written details of the circumstances relating to the matter in a separate envelope addressed to the Registrar and marked "Private and Confidential".

OFFICE USE ONLY Processed: Yes No Cleared by: Date:

7. DECLARATION

I, _____
(print your full name)

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*.

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 ____/____/____

SIGN
& DATE

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 (<https://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 ____/____/____

SIGN
& DATE

Nationally Coordinated Criminal History Check Application and Informed Consent Form

OFFICE USE ONLY

Application Type: Registration No.

Section 7: Yes No OCHC required: Yes No OCHC cleared: Yes No 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	Given names(s)
----------------	----------------

Previous/Other known name (if applicable):

Family/Surname	Given names(s)
----------------	----------------

Name type: Maiden Alias Previous

Family/Surname	Given names(s)
----------------	----------------

Name type: Maiden Alias Previous

Family/Surname	Given names(s)
----------------	----------------

Name type: Maiden Alias Previous

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.

Your 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)

Number

Issued by (country)

Driver's Licence:
(if applicable)

Number

Issued by (state/territory)

Firearms licence:
(if applicable)

Number

Issued by (state/territory)

Section B – Purpose of the Nationally Coordinated Criminal History Check

The Nationally Coordinated Criminal History Check is being conducted for the purpose of registration as a teacher. This involves unsupervised contact with children and young people.

Section C – Informed consent

What is informed consent?

Your informed consent is needed before an accredited body can request a Nationally Coordinated Criminal History Check on you. Your informed consent means you:

- have read and understood the information provided in this form about how your personal information and any police information relevant to you will be handled and disclosed
- provide your permission for the accredited body to request a Nationally Coordinated Criminal History Check on your behalf.

How do I provide my informed consent?

An important aspect of providing informed consent is that you understand what you are consenting to. It is important that you read the consent statements in question C2 and, where required, get clarification from the TRB, to ensure complete understanding. You must then sign and date this form at C2, to give your informed consent.

C1. Your personal and police information will be disclosed to the Teachers Registration Board of South Australia

C2. Please read this before answering the following question.

You must print your full name, read each statement carefully and then sign and date to provide your informed consent.

Applicant's consent to submit a Nationally Coordinated Criminal History Check

I, _____

First given name	Other given name(s)	Surname
------------------	---------------------	---------

1. acknowledge that I understand the information on this form.
2. acknowledge that 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 for the purpose outlined in Section B of this form.
3. have fully and accurately completed this form, and the personal information I have provided relates to me and contains the full name and all names previously/currently used by me.
4. acknowledge that 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).
5. acknowledge that 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.
6. acknowledge that any information sent by mail or electronically, in relation to this form, including identity documents, is sent at my risk and I, the applicant, am aware of the consequences of sending information in these ways.
7. acknowledge that I am aware that I 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.
8. understand and consent to police information relating to me being disclosed in accordance with the purpose identified in section B of this form, applicable legislation and information release policies (including spent convictions legislation described in Australian Government and state or territory legislation).
9. 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.
10. acknowledge 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 the purposes set out in the *Australian Crime Commission Act*

Applicant's Signature _____ Date ____/____/____

OFFICE USE ONLY

Batch No:

Cleared by:

Date:

Comment:

Proof of identity required for the Nationally Coordinated Criminal History Check

This is a two-step process.

1. All documentation supplied in support of your application must be a certified copy of an original document. Please photocopy your photographic ID in the box below and bring this form with you, along with the original document, to one of the approved witnesses listed below to certify, sight and sign. [See examples of identity documents on our website.](#)
 - Justice of the Peace
 - Proclaimed police officer - they must describe themselves as 'proclaimed'
 - Commissioner for taking Affidavits in the Supreme Court of SA or
 - Notary public

2. The witness must verify that you are the person in the certified identification document.

Instructions for the authorised witness

1. Please stamp and certify the ID document photocopied in the box below.
2. Please complete the verification statement at the bottom of the form.

APPLICATION FOR TEACHER REGISTRATION

STEP 1

STEP 2

I have seen the applicant in person and verify that to the best of my ability, the photograph(s) contained within this document, of which I have also sighted the original photographic identification, are a photograph(s) of the applicant.

Sighted on this _____ day of _____ 20____

Authorised Witness details

Name: _____

Identification No: _____

Signature: _____

PAYMENT CALCULATOR

<p>Application fee:</p> <p>\$206</p> <p>Late Fee \$103 Application Fee \$103</p>	+	<p>Annual fee:</p> <p>\$ INSERT FEE</p> <p>Please choose the amount you wish to pay upfront for your five-year term of registration</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>1 year</td><td style="text-align: right;">\$113</td></tr> <tr><td>2 years</td><td style="text-align: right;">\$226</td></tr> <tr><td>3 years</td><td style="text-align: right;">\$338</td></tr> <tr><td>4 years</td><td style="text-align: right;">\$451</td></tr> <tr><td>5 years</td><td style="text-align: right;">\$564</td></tr> </table>	1 year	\$113	2 years	\$226	3 years	\$338	4 years	\$451	5 years	\$564	=	<p>See www.trb.sa.edu.au/fees for more detailed information about the Board's fee structure.</p>
1 year	\$113													
2 years	\$226													
3 years	\$338													
4 years	\$451													
5 years	\$564													
<p>Nationally Coordinated Criminal History Check:</p> <p>\$25</p>	+		<p>Total amount payable:</p> <p>\$ INSERT FEE</p>											

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.
5. An annual fee for the current year is applicable if your application is successful.
6. All registered teachers will receive an annual fee invoice for the full annual fee payment due for the next year of registration.
7. Registration will be suspended if the annual fee is not paid. This fee is due and payable when registration is granted.
8. 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

Signature: _____

Expiry Date: ____/____/____

Cardholder Name: _____
(print name in full)

Amount: \$ _____

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

Card number: _____ CVV: _____