

NOTICE OF CHANGE OF CONTACT DETAILS*PLEASE PRINT CLEARLY*

Full Name: _____

VIT Registration Number: _____

If your address has changed please complete the following section and return to the Victorian Institute of Teaching at PO Box 531, Collins Street West, VIC 8007, or fax to 03 8601 5801.

New Mailing Address: _____

Suburb/ Town: _____ Postcode: _____

Email: _____ Mobile: _____

Home telephone: _____ Work telephone: _____

If your name has changed please complete the following section. **Attach a certified photocopy of evidence of name change** (e.g. marriage certificate, deed poll, decree nisi) and mail to the Victorian Institute of Teaching at PO Box 531, Collins Street West, VIC 8007.

New Surname or Family Name: _____

Given Name(s): _____ Title: Mr/Mrs/Ms/Miss

Please note: if you require a registration card in the new name, please return your current registration card along with this form, the certified evidence of name change and the completed payment details form on page 2 to the Institute.

NOTICE THAT YOU NO LONGER WISH TO BE REGISTERED with the Victorian Institute of Teaching because you do not intend to teach in any school in Victoria.

Please complete the following section and return to the Victorian Institute of Teaching at PO Box 531, Collins Street West, VIC 8007, or fax to 03 8601 5801.

PLEASE PRINT CLEARLY

Full Name: _____

VIT Registration Number: _____

Address: _____

Suburb/ Town _____ Postcode _____

I certify that I no longer wish to be registered with the Victorian Institute of Teaching effective

from: ____ / ____ / ____

I understand that without registration I cannot work as a teacher in any school in Victoria.

On receipt of this request, the Institute will cancel the invoice issued to you for the current annual registration fee, and remove your name from the register. If you wish to become registered again, you will need to submit a new application for registration (Form A and B) together with any required documents which you have not previously provided to the Institute.

Signed: _____ Date: ____ / ____ / ____

