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*Value learning. Value teaching.*

## RE-APPLICATION FOR PROVISIONAL REGISTRATION

*This form is for teachers who have held provisional registration for a period of two years and who wish to re-apply for provisional registration for a further period.*



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## **LODGING YOUR APPLICATION**

**You may lodge your application personally  
between 8.30 am and 5.00 pm at**

Level 24 Marland House  
570 Bourke Street  
Melbourne Victoria 3000

**By mail to**

The Victorian Institute of Teaching  
PO Box 531  
Collins Street West  
Victoria 8007

**Enquiries**

Telephone: 1300 888 067  
Facsimile: 8601 5801  
Email: [vit@vit.vic.edu.au](mailto:vit@vit.vic.edu.au)

**Please do not submit your application by fax.**

Please read all instructions carefully, complete all sections of this re-application for provisional registration and return to:

Victorian Institute of Teaching  
 PO Box 531 Collins Street West  
 Victoria 8007 Australia

OFFICE USE ONLY
Date

**1.0 PERSONAL DETAILS**

				OFFICE USE ONLY	
VIT Registration Number					
Title				Meeting date	
Surname or family name				Payment	
First given name		Other given name		NCHRC	
Day	Month	Year		Overseas CRC	
Date of birth	/	/	Sex	M-Male	F-Female
Are you an Australian citizen?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, of what country are you currently a citizen?					
				Officer	

**1.1 POSTAL ADDRESS**

Postal address	
Suburb/Town	
Country	Postcode

**Important:** Please advise the Institute of any changes in postal address.

**1.2 CONTACT NUMBERS**

Please provide at least one contact number or email.

After Hours Phone	
Business Phone	Business Fax
Mobile	Email

**2.0 RECORD OF TEACHING SERVICE (WHERE APPLICABLE)**

2.1 Indicate any blocks of teaching, of one week or greater, that you have completed since your initial registration with the Victorian Institute of Teaching.

POSITION	SCHOOL / INSTITUTION	STATE OR COUNTRY	FULL TIME OR FRACTIONAL PER WEEK	DATE FROM	DATE TO

2.2 Indicate the approximate number of days you have worked in casual relief or emergency teaching in the previous two years. Days

3.0

**APPLICATION**

For how many years have you held provisional registration?

- up to 2 years
- more than 2 years and up to 4 years
- more than 4 years

4.0

**REASONS FOR RE-APPLICATION**

To be granted a further period of provisional registration beyond four years, teachers must provide an explanation of why they have been unable to obtain full registration. This explanation will be considered in determining the conditions that will apply in any further period of provisional registration.

Teachers applying for a further period of provisional registration after two years should also complete this section. The information will assist the Institute to provide support that is relevant for these teachers.

Tick any of the reasons for reapplying for provisional registration that are relevant to you.

- I agreed to extend my time as a provisionally registered teacher following a formal discussion of my professional practice at a school level
- Lack of employment
- Working in another industry/profession
- Personal circumstances – family commitments
- Personal circumstances – other

Briefly explain why you have not yet applied for full registration.

5.0

**PROOF OF IDENTITY AND CONSENT TO OBTAIN A NATIONAL CRIMINAL HISTORY RECORD CHECK**

**PERSONAL DETAILS**

The details provided in Section 1 of this form will be used as your personal identification details. Please ensure all details are correct.

**PLACE OF BIRTH**

Place or town of birth	Country of birth
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**PROOF OF IDENTITY DOCUMENTS**

The Institute must verify your identity for registration and before an NCHRC is undertaken on your behalf and your name is added to the Register of Teachers. Your identity can be verified by providing documentary evidence that satisfies the '100 Point Check' (201) as required pursuant to the *Financial Transaction Reports Act 1988*.

What documents will be provided as proof of your identity? Select **one from each category** and provide additional details where requested.

**Category 1** – Primary identification document showing your full name and place and date of birth

- Certified copy of your Birth Certificate
- Certified copy of your Australian Citizenship Certificate
- Certified copy of a current passport in your name


Passport number	Expiry date / /	Country/State of issue
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**Category 2** – Secondary identification document confirming your photograph or signature, date of birth, name and/or address:

Certified copy of your driver’s licence

Licence number	Expiry date / /	Country/State of issue
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- Certified copy of your identity card when employed under Part 3 of the *Public Administration Act 2004 (Vic)*
- Certified copy of your Centrelink card
- Certified copy of your student card issued by a higher education provider
- A reference by a registered teacher verifying your name and address

 You must attach certified copies of your Category 1 and Category 2 identity documents, if these have not previously been supplied to the Institute. If you have been issued with new documents since your last application for registration please, attach certified copies as above.


**CHANGE OF NAME**

Is your current name different from the name on your birth certificate? Yes  No

Have you ever been known by a name other than the name on your birth certificate? Yes  No

List any other names by which you have been known in the table below.

SURNAME / FAMILY NAME	FIRST GIVEN NAME	REASON	ACTION

 You must attach certified copies of evidence of all name changes (e.g. marriage certificate, decree nisi, deed poll). If you cannot obtain these documents, please submit a statutory declaration explaining your name change.

**RESIDENTIAL ADDRESS HISTORY**

Is your current residential address the same as your postal address? Yes  No

If no, please provide your current residential address.

Residential address
---------------------

Suburb/Town	Country	Postcode
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Have you lived at any different address(es) in the past 5 years? Yes  No

If full details of previous addresses are unavailable details of town(s) and state(s) will suffice. Attach list if insufficient room. If actual dates are unavailable, details of year of residence will suffice.

PREVIOUS RESIDENTIAL ADDRESS(ES)	PERIOD OF RESIDENCE
	/ / to / /
	/ / to / /
	/ / to / /

**CONSENT FOR A NATIONAL CRIMINAL HISTORY RECORD CHECK**

Section 2.6.8(b) of the *Education and Training Reform Act 2006* (the Act) requires the Institute to determine whether an applicant is suitable to be registered as a teacher.

The Institute conducts criminal record checks, called a National Criminal History Record Checks (NCHRC) through CrimTrac, a Commonwealth Agency.

An NCHRC is a report made following an examination of the records of convictions/findings of guilt of criminal offences held by Australian police services. The local police service will examine its records to determine whether a person with your name and date of birth has been convicted or found guilty of an offence.

Occasionally the Institute may receive criminal history information for a person with a similar name and/or date of birth to you. The Institute will write to you and ask you to verify that the information relates to you. If the information does not relate to you, it will be destroyed and CrimTrac will be advised of the error.

It is usual practice for an applicant's personal information to be disclosed to Australian police services for them to use for their respective law enforcement purposes including the investigation of any outstanding criminal offences.

If you do not consent to the Institute obtaining an NCHRC, the Institute will not be able to process your application for registration.

Information received through these processes will be stored in secure personal files. This form will remain on your personal file at the Institute. The information obtained by the Institute is subject to the Information Privacy Principles set out in the *Information Privacy Act 2000*.

**All applicants should complete the form on the next page and ensure it is submitted with this application.**

I \_\_\_\_\_  
*Applicant's name*

**1** consent to:

- the Victorian Institute of Teaching (the Institute) disclosing personal information provided by me in this form to CrimTrac and/or to Australian police services;
- the Australian police services disclosing from their records details of convictions and outstanding charges, including findings of guilt or the acceptance of a plea of guilty by a court, that can be disclosed in accordance with the laws of the Commonwealth, States and Territories and, in the absence of any laws governing the disclosure of this information, disclosing in accordance with the policies of the police service concerned;
- CrimTrac providing the information disclosed by the Australian police services to the Institute in accordance with the laws of the Commonwealth;

**2** acknowledge that:

- I have read the information attached to this form and understand that teachers have been excluded from the Spent Convictions Scheme operating in Victoria;
- any information provided by the Australian police services as a result of the National Criminal History Record Check may result in an inquiry being conducted by the Institute into my suitability to teach or my registration being automatically cancelled;
- If I am employed as a teacher by the Department of Education and Early Childhood Development, the Institute may provide to the Department any criminal history information contained in my National Criminal History Check;

**3** I have fully completed this form, and the personal information I have provided in it relates to me, contains my full name and all names previously used by me, and is correct.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**6.0 DECLARATIONS – YOU MUST COMPLETE ALL ITEMS IN THIS SECTION**

**PROFESSIONAL HISTORY**

- 6.1 Have you ever had registration, licensing, classification or eligibility for employment as a teacher or any other entitlement to teach cancelled, suspended 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 in any other country for reasons other than insufficient qualifications? Yes  No
- 
- 6.4 Have you ever been subject to a preliminary investigation or resigned while the subject of any proceeding or disciplinary action in respect to your professional conduct, Yes  No

6.0

**DECLARATIONS – YOU MUST COMPLETE ALL ITEMS IN THIS SECTION** continued

- 6.5 Have you ever been (or are you currently) the subject of action in response to allegations concerning: Yes  No
- serious incompetence as a teacher
  - serious misconduct as a teacher, or
  - suitability to be a teacher including any preliminary investigation or proceeding, either informal or formal in any jurisdiction?

**IMPAIRMENTS**

- 6.6 Are you suffering any physical or mental impairment, disability, condition or disorder including substance abuse or dependence which may affect your professional conduct, competence or capacity to undertake the duties of teacher? Yes  No



If you answered YES to any of the above questions, please provide a Statutory Declaration explaining the circumstances. Your response will be considered when evaluating your application. You may be asked to provide further information.

**CHARGES OR CONVICTIONS**

- 6.7 Are you currently charged with any offences in any Australian State or Territory or in any other country? Yes  No
- 6.8 Have you ever been convicted or found guilty of any offences in any Australian State or Territory or in any other country, whether a conviction was recorded or not? Yes  No



If you answered YES to questions 6.7 or 6.8, please complete the following table and attach a Statutory Declaration fully explaining the circumstances leading to the charges. Failure to do so will delay your application.

DATE	CHARGE	COURT	RESULT

A positive answer to any of the above questions will not automatically result in rejection of your application for registration. Each application will be considered on its merits.

**RESIDENCE OUTSIDE AUSTRALIA**

- 6.9 Have you resided in any country other than Australia for more than 12 continuous months during the past 2 years? Yes  No

If no, please go to Section 7.

If yes, please list the country/ies and the dates you resided there, and provide a certified copy of a criminal record check from each country. The criminal record check must reflect the dates you have listed as residing in that country (see below) and be no older than 12 months at the date of application.

*If you are an immigrant to Australia and have been granted either permanent residency or citizenship after the dates listed below, please attach a certified copy of your permanent residence or citizenship document.*

COUNTRY/IES	DATE



**PERSONS AUTHORISED TO WITNESS STATUTORY DECLARATIONS UNDER THE EVIDENCE (MISC. PROVISIONS) ACT 1958 (VIC) – SECTION 107A**

- a justice of the peace or a bail justice
- a public notary
- an Australian lawyer (within the meaning of the *Legal Profession Act 2004*)
- a clerk to an Australian lawyer
- the prothonotary or a deputy prothonotary of the Supreme Court
- the registrar or a deputy registrar of the County Court
- the principal registrar of the Magistrates' Court or a registrar of deputy registrar of the Magistrates' Court
- the registrar of probates or an assistant registrar of probates
- the associate to a judge of the Supreme Court or of the County Court
- the associate of an Associate Judge of the Supreme Court or of an associate judge of the County Court
- a person registered as a patent attorney under Chapter 20 of the *Patents Act 1990* of the Commonwealth
- a member of the police force
- the sheriff or a deputy sheriff
- a member or former member of either House of the Parliament of Victoria
- a member or former member of either House of the Parliament of the Commonwealth
- a councillor of a municipality
- a senior officer of a Council as defined in the *Local Government Act 1989*
- a registered medical practitioner registered under the *Health Practitioner Regulation National Law (Victoria) Act 2009*
- a registered dental practitioner registered under the *Health Practitioner Regulation National Law (Victoria) Act 2009*
- a veterinary practitioner
- a pharmacist registered under the *Health Practitioner Regulation National Law (Victoria) Act 2009*
- a principal in the teaching service
- the manager of an authorised deposit-taking institution
- a member of the Institute of Chartered Accountants in Australia or the Australian Society of Accountants or the National Institute of Accountants
- the secretary of a building society
- a minister of religion authorised to celebrate marriages
- a person employed under Part 3 of the *Public Administration Act 2004* with a classification that is prescribed as a classification to which this section applies or who holds office in a statutory authority with such a classification
- a fellow of the Institute of Legal Executives (Victoria)

**Applicants who complete this form while interstate or overseas must have their documents certified by a person authorised to do so in that State, Territory or country, e.g. a Public Notary.**



**Victorian Institute of Teaching**

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