

Verification of identity form

Section 2.6.7(2)(b)(iv) of the *Education and Training Reform Act 2006* provides that all applicants for registration with the Victorian Institute of Teaching (VIT) are required to provide consent for a Nationally Coordinated Criminal History Check (NCCHC). In order to meet the requirements for a NCCHC, an applicant for registration with VIT must have their identity verified by an authorised third party.

Who is an authorised third party?

An authorised third party is a person who is currently licensed or registered to practice in Australia in an occupation as listed in the *Oaths and Affirmations Act 2018* (Vic). In addition to others, the following persons are authorised third parties

- school principal
- teacher employed on a permanent full-time basis at a school or tertiary education institution
- police officer
- pharmacist.

For a full list of authorised third parties, visit the [Department of Justice and Community Safety website](#).

How to complete this form

1. Print this form and present all original identity documents (including the photo identity document), as listed in Section 2 below, to an authorised third party to undertake an identity verification.
2. The authorised third party must (1) sight all original identity documents; (2) make face-to-face visual comparison between the applicant and the photo identification documents; and (3) complete Section 3 and Section 4 of this form.
3. Ensure all sections of this form are complete.
4. Upload a copy of this form to your application for registration within the 'Proof of Identity' task.

Section 1: Applicant's personal details

First name		Middle name (if any)	
Last name		Date of birth	
Address			

Section 2: Identity documents used to apply for registration with VIT

Identity document	Document type	Reference number (if applicable)	Expiry date (if applicable)
Commencement of identity			
Primary use in the community			
Secondary use in the community			
Photo if ID documents do not contain a photo			
Change of name documentation			

Section 3: Authorised third party details (please clearly print)

Full name	
Profession / occupation	
Registration number (if applicable)	

Section 4: Authorised third party verification

I declare that I have sighted the applicant's original identity documents as listed above and have confirmed the applicant's identity via a face-to-face comparison with the photographic identification document. I am satisfied as to the correctness of the applicant's identity.

Signature		Date	
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