Confirmation of Practice Form

This form is to be used for evidence of professional practice and must be completed by both the teacher and their employer. It helps us assess an application accurately and maintain trust in the profession.

How to complete this form

- Section 1 needs to be completed in full by the teacher
- Section 2 needs to be completed in full by an authorised employer (school or early childhood service), organization or recruitment agency representative, and
- ensure all required signatures are included.

Section 1: Teacher details

Full name			
Date of birth		VIT registration no.	
Name of education setting where you completed your professional practice			
Signature		Date	

Section 2: Authorised representative declaration

I am authorised to confirm professional practice on behalf of the school, organisation or agency named above.

I confirm that, to the best of my knowledge and belief, the information provided in this form is true, accurate and complete.

I understand that the Victorian Institute of Teaching may verify the information provided and may request additional evidence if required.

I confirm that _____ [teacher's full name],

_____ [VIT registration number] has undertaken _____ [insert number of days] days of teaching, educational leadership or equivalent practice at

_____ [name of education setting]

for the period from _____ [full date] to _____ [full date].

Full name			
Position title			
Work phone number			
Work email address			
Signature		Date	