

# Statutory declaration

I \_\_\_\_\_, \_\_\_\_\_  
(applicant's full name) (applicant's occupation)  
of \_\_\_\_\_ make the following statutory declaration  
(applicant's address)

under the *Oaths and Affirmations Act 2018*.

1. I wish to make an application under the *Mutual Recognition Act 1992* (Cth) for registration with the Victorian Institute of Teaching (the Institute).

2. I am registered as a \_\_\_\_\_ in \_\_\_\_\_.

For teachers registered in more than one Australian state or territory, please provide additional details for each state / territory in which you hold registration below.

I am registered as a \_\_\_\_\_ in \_\_\_\_\_.

I am registered as a \_\_\_\_\_ in \_\_\_\_\_.

I am registered as a \_\_\_\_\_ in \_\_\_\_\_.

I am registered as a \_\_\_\_\_ in \_\_\_\_\_.

OR

For immediate full registration or experienced returning registration applicants

I have previously held registration in \_\_\_\_\_ that expired on \_\_\_\_\_.  
(date - dd/mm/yyyy)

3. I seek to make an application to the Institute to be registered as a \_\_\_\_\_ in accordance with the mutual recognition principle.

4. I **am not** the subject of any disciplinary proceedings in any Australian state or territory in relation to my registration as a \_\_\_\_\_.

5. I **am not** the subject of any preliminary investigations or action in any Australian state or territory that might lead to disciplinary proceedings in relation to my registration as a \_\_\_\_\_.

6. My registration in any other Australian state or territory **has not** been cancelled as a result of disciplinary action.

7. My registration in any other Australian state or territory **is not** currently suspended as a result of disciplinary action.

8. I **am not** prohibited from teaching in any Australian state or territory.

9. My registration as a teacher

**is not subject to** any special conditions as a result of criminal, civil or disciplinary proceedings in any Australian state or territory.

OR

**is subject to** the following special conditions as a result of criminal, civil or disciplinary proceedings in another Australian state or territory.

Special conditions

I declare that the contents of this statutory declaration are true and correct and I make it knowing that making a statutory declaration that I know to be untrue is an offence.

Signed \_\_\_\_\_  
(signature of applicant)

Full name \_\_\_\_\_  
(print name of applicant)

Declared at \_\_\_\_\_  
(place - city, town or suburb)

in the state of \_\_\_\_\_ on \_\_\_\_\_  
(date - dd/mm/yyyy)

**Authorised witness**

I am an authorised statutory declaration witness and I sign this document in the presence of the person making the declaration.

Signed \_\_\_\_\_ on \_\_\_\_\_  
(signature of authorised witness) (date - dd/mm/yyyy)

The following information can be handwritten, typed or stamped.

Full name \_\_\_\_\_  
(print name of authorised witness)

Qualification \_\_\_\_\_  
(qualification as an authorised witness)

Address \_\_\_\_\_  
(personal or professional address of authorised witness)

A person authorised under section 30(2) of the *Oaths and Affirmations Act 2018* to witness the signing of a statutory declaration.