

## **Statutory declaration**

,	
(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	
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 in which you hold registration below.	territory, please provide additional details for each state /
l am registered as a	in
l am registered as a	in
I am registered as a	in
l am registered as a	in
3. I seek to make an application to the Institute to	be registered as a
	accordance with the mutual recognition principle.
<ol> <li>I am not the subject of any disciplinary proceed to my registration as a</li> </ol>	dings in any Australian state or territory in relation
5. I <b>am not</b> the subject of any preliminary investige that might lead to disciplinary proceedings in re	
6. My registration in any other Australian state or disciplinary action.	territory <b>has not</b> been cancelled as a result of
7. My registration in any other Australian state or disciplinary action.	territory <b>is not</b> currently suspended as a result of
8. I <b>am not</b> prohibited from teaching in any Austro	alian 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	A person authorised under section 30(2) of the <i>Oaths and Affirmations Act 2018</i> to witness the signing of a statutory declaration.	
(print name of authorised witness)		
м		
Qualification		
(qualification as an authorised witness)		
Address		
(personal or professional address of authorised witness)		