

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 *Trans-Tasman Mutual Recognition Act 1997* (Cth) for registration with the Victorian Institute of Teaching (the Institute).

2. I am registered as a _____ in New Zealand.

For teachers also registered in an 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 _____.

3. I seek to make an application to the Institute to be registered as a _____ in accordance with the Trans-Tasman mutual recognition principle.

4. I **am not** currently the subject of any disciplinary proceedings in New Zealand or any Australian state or territory in relation to my registration as a _____.

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

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

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

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

OR

is subject to the following special conditions as a result of criminal, civil or disciplinary proceedings in New Zealand or 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.