



Application for the Renewal of a Limited Registration



This form is used to apply for the renewal of a Limited Registration.

To renew a Limited Registration the circumstances of the original registration, including the schools and the nominees teaching duties, must remain unchanged.

To be eligible for the renewal of a Limited Registration the nominee must:

- continue to hold the skills and qualification(s) used to gain registration; and
- be a fit and proper person to be registered; and
- demonstrate that they have met the requirements for professional learning.

Nominees details (please print clearly)



Current registration number: _____									
Title <input checked="" type="checkbox"/> <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other_____									
Given name									
Middle name(s)									
Family name/surname									
Preferred name									
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/unknown					Date of birth (dd/mm/yyyy) / /				
<p>Other names by which I am or ever have been known including: <i>Alias (A), name change by Marriage (M) or previous name, changed by Change of Name Certificate by Department of Birth, Deaths and Marriages (P)</i> (please <input checked="" type="checkbox"/> beside each other name). If more room is required, list on a separate sheet. Please sign and send the sheet with this application form. Additional sheet included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>									
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> P		(Family name/surname)			(Given name and other names)				
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> P		(Family name/surname)			(Given name and other names)				
<input type="checkbox"/> A <input type="checkbox"/> M <input type="checkbox"/> P		(Family name/surname)			(Given name and other names)				
Address Information									
Current postal address (No/Street)									
Country			Suburb			State		Postcode	
Contact Details									
Preferred contact number <input type="checkbox"/> Mobile or <input type="checkbox"/> Landline									
Mobile			Landline				Fax		
Preferred email (please print one character per box)									
Alternate email address (please print one character per box)									
PLEASE NOTE: The TRBWA will use this email address as your registered email address for contact purposes. During the application process it is your responsibility to inform the TRBWA of any changes to your contact details.									

Continuance of registration


If your renewal application is received at the TRBWA at least 28 days prior to the nominee's registration expiring, their registration will continue until the TRBWA finishes processing your application, even if this happens beyond their registration expiry date.

If your renewal application is received less than 28 days before the expiry of your registration, the above provision does not apply and the registration may expire prior to your application for renewal being finalised. Although, the TRBWA will process the application in a timely manner, it cannot guarantee that the application will be finalised prior to the expiry of the registration period.

The application date is deemed to be the date the signed and complete application is received at the TRBWA.

Employment details (applicant)



Primary Applicant (Employer) details		
Name of employer e.g. Department of Education; school governing body; centre operator		
Name of educational venue e.g. school; centre		
Name and position of principal, supervisor or other delegate of the employer (person submitting this application)		
Postal address of venue		
	Postcode	
Email address of venue or delegate		
Mobile	Work	Landline
Applicant's declaration – (Employer)		
I declare that the nominee will continue to perform the duties of the teaching position as detailed in their current Limited Registration.		
Full name of principal/ supervisor/other delegate		
New period of employment From: To: (maximum of three years registration is available)		
Delegate's signature _____ Date ____/____/____		
It is an offence under the <i>Teacher Registration Act 2012</i> (Act) to provide a false or misleading statement.		
<i>Provide details for additional educational venues, if any, on the next page. Photocopy extra pages as needed.</i>		

For additional employers, please photocopy and complete this page as required.

Employment details (continued)



Name of employer		
Name of educational venue e.g. school; centre		
Name and position of principal, supervisor or other delegate of the employer (person submitting this application)		
Employer's postal address		
	Postcode	

Employer's delegate details

Name of employer's delegate		
Position at venue		
Email address of venue or delegate		
Mobile	Work	Landline

Applicant's Declaration – (Employer)

I declare that the nominee will continue to perform the duties of the teaching position as detailed in their current Limited Registration.

Full name of principal/ supervisor/other delegate

New period of employment From: _____ To: _____ (maximum of three years registration is available)

Delegate's signature _____ Date ____/____/____

Sign Here

It is an offence under the Act to provide a false or misleading statement.

Professional Learning requirement (nominee)



In my current registration period I have actively undertaken or participated in 3 or more activities that have assisted me to:

- Keep up-to-date in my area of knowledge, or in education theory generally;
- Increase my understanding of a particular subject area or area of education theory; and
- Develop and consolidate my teaching skills and other skills relevant to the supervision and management of students.

I declare that I have completed the required professional learning activities and I understand that evidence may be requested by the TRBWA to support this declaration.

Signature _____ Date ____/____/____

Sign Here

It is an offence under the Act to provide a false or misleading statement.

I have not completed the required professional learning activities and will be submitting a request for extenuating circumstances with this application.

Evidence required: Please complete the Request for Extenuating Circumstances – Professional Learning form available on the TRBWA web site and submit as part of this application.



For more information, please read the [Professional Learning Activities](#) section of the TRBWA Website.

Criminal record check consent (nominee)



This application requires an assessment by the TRBWA as to whether the nominee is a fit and proper person, in accordance with section 24 of the Act. Part of the assessment is undertaken with consideration of any criminal history you may have pursuant to section 24(c) of the Act.

In order for the TRBWA to conduct a National Police History check through the CrimTrac agency, the nominee must provide the TRBWA with the CrimTrac National Police Checking Service Application/Consent form (Consent), the link to which is found in the box below. Once you have completed, printed and signed the Consent form, please forward it, together with 100 points of **certified** identification, to the TRBWA with the other supporting documentation.



I (the nominee) consent to the TRBWA completing a National Police History check and I will forward the completed and signed Consent Form to the TRBWA.

Signature _____ Date ____/____/____

Sign Here

Western Australian Working with Children Check details (if available)

Current Working with Children Check (WWCC) Notice Number									
WWCC Expiry Date									

Department of Education Consent (recommended)

I consent to the TRBWA disclosing details of the national criminal record check relating to me, as provided by the CrimTrac Agency and the Australian police services, to the Western Australian Department of Education.

Signature _____ Date ____/____/____

Sign Here

Fit and proper questions



The <i>Teacher Registration Act 2012</i> requires the TRBWA to have regard to certain matters to determine that the nominee continues to be a fit and proper person to be registered. Therefore the nominee is required to respond to the following questions (☑).	Yes	No
To the best of your knowledge, have you breached the <i>Teacher Registration Act 2012</i> or any laws in other Australian States and Territories and New Zealand that deal with the registration of teachers?	<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge have you engaged in any behaviour of the kind that does not satisfy a standard of behaviour generally expected of a teacher?	<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge have you engaged in any behaviour of the kind that shows that you are not of good character?	<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge have you contravened any order of the TRBWA, a disciplinary committee or the State Administrative Tribunal which has arisen under Part 5 of the <i>Teacher Registration Act 2012</i> which covers disciplinary and impairment matters?	<input type="checkbox"/>	<input type="checkbox"/>
To the best of your knowledge have you contravened any order of a disciplinary body or of a court or tribunal of another jurisdiction exercising jurisdiction or powers by way of appeal or review of an order of a disciplinary body that deals with the registration of teachers (however described)?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered YES to any of these questions, please provide full details in a sealed envelope addressed to the Director and marked Private and Confidential.



Nominee's declaration



I, _____
Full name
of _____
Address

sincerely declare that the information I have provided in this application is complete, true and correct.

Signature _____ Date ____/____/____



It is an offence under the Act to provide a false or misleading statement.

Applicant's declaration



I, _____
Full name
of _____
Address

sincerely declare that the information I have provided in this application is complete, true and correct.

Signature _____ Date ____/____/____



It is an offence under the Act to provide a false or misleading statement.

Payment calculator



Calculation of fee payable	Fee payable
Renewal of registration fee	\$32.00

Notes:

- Application fees are non-refundable.
- Applications will not be processed without full payment of the renewal of registration fee.
- The TRBWA financial year is from 1 April to 31 March of the following year.
- Registration will be cancelled if the annual fee is not paid.
- Annual fees can be paid up to and including the final year of the registration period.

How to certify a document

Photocopy the original document. Take the original document and the copy to the person authorised to certify documents in your state/country (Please refer to the TRBWA web site for a list of authorised persons).

The authorised person must make the following statement on every page of the document to be certified:

I certify this to be a true and accurate copy of the original document sighted by me on:	
Date:	_____
Signature:	_____
Name:	_____
Occupation:	_____

The authorised person's name and occupation should be clearly indicated.

Scanned documents, photocopies, copies of certified copies and certification on stickers are not acceptable. Pencil or black pen should not be used.

Lodging this application for registration

In person

The application form and payment of fees may be hand delivered to:

Teacher Registration Board of Western Australia
Unit 4, 398 Great Eastern Highway
ASCOT WA 6104

Office Hours: Mon to Fri 8.30am - 4.30pm

Information about the TRBWA office location is available on the TRBWA website:

<http://trb.wa.gov.au/about-us/contact-us/>

Via post

The application form together with the payment of fees may be mailed to:

Teacher Registration Board of Western Australia
PO Box 691
BELMONT WA 6984

To help ensure your application is received you may wish to consider using Registered Post.

To avoid unnecessary delays please check that your application is complete using the following checklist:

- I have provided no original supporting documents with my application, only copies.
- The copies I have provided of my supporting documents have been properly certified.
- I have completed a CrimTrac National Police Checking Service Application/Consent Form (as available from the TRBWA website <http://trb.wa.gov.au/CRIMTRAC-form>).
- I have enclosed with this application the National Police Checking Service Application/Consent Form.
- I have provided properly certified copies of sufficient identification documents required by the National Police Checking Service Application/Consent Form.
- I have used paper clips and not staples to attach all pages and documents required in this application.
- I have used the date format of DD/MM/YYYY only.
- I have provided evidence supporting any change of names reflected in my application (for example, a properly certified copy of my marriage certificate or official change of name certificate).
- I have provided no original supporting documents with my application, only copies.

Payment details

Primary educational venue: _____

Nominee's full name: _____

Nominee's date of birth: / /
 Day Month Year

Payment of the application fee will be made via:

- EFTPOS/cash in person
- Cheque
- Money order/bank draft

Amount: \$

--

Office use only

Voucher/Receipt #

Date processed: ____/____/____

Processed by:

If Declined: Error message: (Printout attached)