



# **Non-Practising Registration**

# **Application**

Use this form if you are a registered teacher (who holds either Full or Provisional Registration) and you have or propose to cease teaching in an educational venue for a period of time and remain registered.

To be eligible for Non-Practising Registration (not intending to teach) you must:

- currently hold Full or Provisional Registration; and
- not intend to teach in an educational venue for a period of time.

#### Please note:

- the annual fee requirement applies to this category of registration and is due and payable for each year of registration
- once your Application for Non-Practising Registration (Not Intending to Teach) has been approved, it will be
  granted immediately. If you do not want this to occur, you may wish to submit your application closer to
  your expiry date. To ensure continuation of your registration, please ensure that you submit your
  application at least 28 days prior to your expiry date.



### **Personal details**

| Current registratio         | n number:             |  |                                |                              |   |  |
|-----------------------------|-----------------------|--|--------------------------------|------------------------------|---|--|
| Title □Dr [                 | ⊐Mr □Mrs              | ☐Ms ☐Miss Other  |                                |                              |   |  |
| Given name                  |                       |  | Middle name(s)                 |                              |   |  |
| Family name/surname         |                       |  | Preferred name                 |                              |   |  |
| Gender □Male □Female □Other |                       |  | Date of birth (dd/mm/yyyy) / / |                              |   |  |
| -                           | Change of Nam         | r have been known includ<br>e Certificate by Departme          |                                |                              |   |  |
| If more room is red         | quired, list on a     | separate sheet. Please sig                                     | n and send the s               | sheet with this ap           | oplication form.                        |  |
| Additional sheet in         | cluded? ☐ Yes         | □ No   |                                |                              |   |  |
| □А □М □Р                    | (Family name/surname) |  | (Given name and other names)   |                              |   |  |
| □А □М □Р                    | (Family name/         | amily name/surname)  |                                | (Given name and other names) |   |  |
| Address information         | on                    |  |                                |                              |   |  |
| Current postal add          | ress (No/Street       | e.g. 1 Town Street   |                                |                              |   |  |
|                             |                       |  |                                |                              |   |  |
| Country                     |                       | Suburb/Town/City   |                                | State                        | Postcode                                |  |
| Is this also your cu        | rrent residentia      | l address? □ Yes □ No  |                                |                              |   |  |
| Current Residentia          | l address (if diff    | erent from postal address                                      | 3)                             |                              |   |  |
| (No/Street)                 |                       |  |                                |                              |   |  |
| Country                     |                       | Suburb/Town/City   |                                | State                        | Postcode                                |  |
| Date resided from           | (dd/mm/yyyy)          |  |                                |                              |   |  |
| Contact details             |                       |  |                                |                              |   |  |
| Preferred contact r         | number 🗆 Mob          | ile or □ Landline  |                                |                              |   |  |
| Mobile                      |                       |  | Landline                       |                              |   |  |
| Preferred email             |                       |  |                                |                              |   |  |
| Alternate email address     |                       |  |                                |                              |   |  |
|                             |                       | l<br>his email address as your<br>onsibility to inform the TRI |                                |                              | tact purposes. During the tact details. |  |

#### Registration obligations

Registration as a teacher carries with it a number of obligations. I understand it is a requirement for me to:

- maintain my teacher registration which includes the requirement to pay an annual fee by 31 March each year
- provide notice to the Board if I have a change of name, postal or email address within 30 days of these changes occurring (noting that failure to comply with this requirement result in a penalty fine to the maximum of \$1,000).
- provide written consent to the TRBWA, upon request, to obtain a criminal history check
- comply with any conditions placed on my registration
- continue to be a fit and proper person to be registered
- provide written notice to the TRBWA, under sections 38, 39 and 40 of the <u>Teacher Registration Act 2012</u> (Act):
  - o of any civil proceedings which result in orders to pay damages or compensation (within 30 days)
  - o if I am convicted of an offence which includes a statutory penalty of imprisonment (within 30 days)
  - o about any loss of my qualifications (within 30 days)
  - if I receive a working with children interim negative notice or negative notice (within 14 days) noting that I
    may commit an offence if I fail to notify the TRBWA within the time specified which could result in a penalty
    fine to the maximum of \$5,000.

Further information about your obligations as a registered teacher can be found on the TRBWA website.

## **Department of Education consent (recommended)**

| If you | provide consent, please tick (☑) the following:   |
|--------|---|
|        | onsent to the TRBWA disclosing, to the Western Australian Department of Education, the date on which TRBWA determines am a fit and proper person to be registered as a teacher. |
| Арр    | licant's declaration  |
| l,     |   |
|        | Full name   |
| of     | <i></i>   |
|        | Address   |
|        | rely declare that the information I have provided in this application is complete, true and correct, and I understand ligations as a registered teacher.                        |
| Signat | ure Date / Sign Here  |

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

## **Lodging this application**

#### By email

This application form and supporting evidence may be emailed to the TRBWA at info@trb.education.wa.edu.au.

In the subject line of the email please include the application category, your full name and registration number (if you hold or previously held teacher registration with the TRBWA).

In the main body of the email, please detail all attachments that have been included with the application.

If submission by email is not practicable, please contact the TRBWA.