

# Qualification Advice Request

**Use this form to make a request for formal written advice from the Board in respect of the following matters:**

- whether or not your qualification(s) would meet the qualification requirement for registration; and
- if applicable, any additional qualification(s) you require in order to meet the qualification requirement for registration.

## Personal details

Have you previously applied for or held registration with the TRBWA (or WACOT)?			
<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No         Registration number (if known): _____			
Title <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)      /      /	
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 request form. Additional sheet included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<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)	
<b>Address information</b>			
Current postal address (No/Street) e.g. 1 Town Street			
Country	Suburb	State	Postcode
Is this also your current residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Current Residential address (if different from postal address)			
(No/Street)			
Country	Suburb	State	Postcode
Date resided from (dd/mm/yyyy)			
<b>Contact details</b>			
Preferred contact number <input type="checkbox"/> Mobile or <input type="checkbox"/> Landline			
Mobile		Landline	
Preferred email			
Alternate email address			
<b>Please note:</b> The TRBWA will use this email address as your registered email address for contact purposes. During the request process it is your responsibility to inform the TRBWA of any changes to your contact details.			

<b>Place of birth</b>		
Country of Birth	State	Suburb
<b>Other information</b>		
Are you of Aboriginal and/or Torres Strait Islander descent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## Qualification(s) to be assessed

The TRBWA will consider the following when assessing your qualification(s):

- The academic level of the qualification(s);
- The full-time duration of the course(s);
- The amount of teaching practice undertaken within the program(s);
- The amount and nature of professional teacher education content within the program(s)
- The degree to which the content of the program demonstrates similarity to the content of an accredited ITE program; and
- Relevance of the program content to the Australian/Western Australian curriculum.

To enable this assessment, please enclose the following documents:

- **parchment(s)/certificate(s);**
- **evidence of all units/subjects completed within qualification(s) (i.e. academic record, academic transcripts, Diploma supplement); and**
- **evidence of teaching practice completed within the program(s).**

If your academic records or documents are in a language other than English, you must provide copies of the documents both in the original language and the English translation. Please note that translations must be prepared and **certified** as correct by a Certified Translator, National Accreditation Authority for Translators and Interpreters (NAATI). Website link (<http://www.naati.com.au/>).

The following may also be submitted:

- If you have had your teaching qualification assessed by the Australian Institute for Teaching and School Leadership (AITSL) for migration purposes, please upload a copy of the AITSL assessment advice.
- Any other documentation that may be relevant (e.g. Teaching credential, Qualified Teacher Status).

**The TRBWA must be satisfied that the evidence submitted with your request demonstrates that the qualification requirements have been met. You are therefore encouraged to provide as much relevant evidence as possible to support your request.**

**At any stage of the assessment of your request, the TRBWA may request additional evidence/information.**

**Please provide details of the teaching qualification that you have been awarded in the table below.**

**Please also list any other qualifications you have been awarded, including any program(s) of study you are currently undertaking. Please note that if your qualifications are held in different names, you may be asked to provide evidence of a name change.**

Country	Name of institution	Title of qualification	Full time length of course	Date completed
				/ /
				/ /
				/ /
				/ /

## Previous teaching experience

Please provide details of your teaching experience in the table below. If possible, provide at least 5 years' worth of history. If required, the TRBWA may request further information on your work history.

In cases where a person does not hold a qualification from an accredited ITE teaching program nor one that is considered equivalent, the Board will consider whether a person holds a teaching degree and teaching experience, which may be considered sufficient for registration as a teacher.

From	To	School	State, Territory or Country	Year levels and subjects taught	FT/PT or relief
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If required, the TRBWA may request further information on your work history.

## Payment calculator

Calculation of fees payable	Fee
Fee	\$330.00

Please note: The qualification assessment will not commence until all the required documents are presented and the non-refundable fee has been paid. Should an application for registration be made within two years of a positive written advice from the TRBWA, then the registration fee will be reduced by the amount previously paid.

## Payment details (please ensure cardholder's signature is included)

Full name: \_\_\_\_\_

Date of birth:        /        /  
                         Day    Month    Year

### Payment of fee will be made via:

- ☐ Credit card
- ☐ EFTPOS/Cash in person
- ☐ Cheque (made payable to: Teacher Registration Board of Western Australia)
- ☐ Money order/bank draft (made payable to: Teacher Registration Board of Western Australia)
- ☐ Other electronic payment

Please note, **unless you are attaching a cheque or money order, you will be sent an email with payment details** when the TRBWA receives your documentation.

Documentation will not be processed until full payment of the request fee has been received.

Amount: \$

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### Office use only

Voucher/Receipt # \_\_\_\_\_

Date processed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Processed by: \_\_\_\_\_

If Declined: Error message: (Printout attached)

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

- ☐ I have provided the required evidence with respect to my qualification(s).
- ☐ I have provided evidence supporting any change of names reflected in my request (for example, a copy of my marriage certificate or official change of name certificate).

## Lodging this request for advice

### By email

This form and supporting evidence may be emailed to the TRBWA at: [info@trb.education.wa.edu.au](mailto:info@trb.education.wa.edu.au).

In the subject line of the email please include 'Request for Qualification Advice' and your full name.

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.