



## Self Reporting of Convictions form

This form is to be used if you hold a practising certificate or limited authority to teach, and have been **convicted** of an offence with a **potential maximum penalty** of three months' imprisonment or more.

The requirement to report convictions applies depending on the maximum penalty for the relevant offence you are charged with, not the type of sentence imposed.

Please send this report to the Teaching Council Aotearoa New Zealand within seven days of your having been convicted of a qualifying offence\*. To save the document when using adobe reader select **File** then **Save As**.

### Basic information (Please enter your details)

Surname:

First and middle names:

Other names known by or used:

Registration No.:

Date of birth:

Address:

Postal address: (if different)

Mobile phone:

Home phone:

Work phone:

Email address:

### Sector and School details:

Choose the sector you work in:

School/Kura/Centre or  
ITE Provider:

### Self Report details:

I am writing to self report a conviction that was entered on (date): dd/mm/yyyy

At (court name):

For (specific offence):

\* See Section 493 of the [Education and Training 2020 Act](#).

## The conviction/s involved:

**Note:** If extra space is required, please attach extra sheets to the back of this form. Make sure to mark clearly which step these refer to.

Please provide a full explanation of the event leading to the conviction:

List previous convictions (if applicable):

## Documentation: (Tick)

Please enclose the following documentation:

**Summary of Facts**  
from the court  
**Certified copy of conviction**  
(extract from Court Record)

**Sentencing Notes**  
(if applicable)  
**Supporting documents**  
(e.g. references, submissions.)

## Signature: (Please sign below)

**Please complete all sections of this application before printing and signing.**

Signature:

Full name

Date: dd/mm/yyyy

## What happens next?

Once the form and other required documents have been completed **email** them to: [conduct@teachingcouncil.nz](mailto:conduct@teachingcouncil.nz) or **post** them to:

**Manager Professional Responsibility**  
**Teaching Council Aotearoa New Zealand**  
**PO Box 5326**  
**Wellington 6011**

Our contact telephone number is:  
+64 4 471 0852