



TC10 Application form to register as a teacher and for a practising certificate for:

- Kaiako Whai Rēhitanga | Teacher Registration
- Tiwhikete Whakaakoranga Tōmua | Provisional Practising Certificate
- A **New Zealand teaching graduate** applying to teach for the first time
- A **previously New Zealand registered teacher** whose registration expired prior to July 2015.

Office use only

Registration #
Date received

How to complete this form:



Section A: Applicant details

Surname:

First and middle names:

Other names known by or used:

Title: If other:

Gender: If other:

Date of birth: dd/mm/yyyy Ethnicity:

City/town and country of birth:

NZ driver licence number:

Current address:

Postal address:

Mobile phone: Home phone: Work phone:

Primary email address:

Alternative email address:

Sector details (Please note: registration and certification are not sector specific. This information is for statistical purposes only):

Choose the sector you work in or intend to work in: If other:

Are you currently employed in a teaching position that requires you to hold a practising certificate

If Yes, please provide details below:

School/Kura/Centre or ITE Provider:

Start date: Tenure: MOE# (if known):

If you have a registration number issued before July 2015 or a LAT number enter it here:

Type of application:

I am applying for:



Section B: Proof of Identity

If you have previously provided proof of identity to the Teaching Council since July 2015, AND you have not changed your name, you **do not** have to complete this section.

I confirm I have not changed my name since providing proof of identity to the Teaching Council on: dd/mm/yyyy

If you are not living in New Zealand at the time of completing this form, you will need to use the overseas Proof of Identity (POI-OS) form. Contact the Teaching Council for more information.

Surname:

First and middle names:

Select **two forms** of original identification documents to present to your Identity Referee from the list in the table below. One must be from **Category A** and one from **Category B**. At least one of the identification documents must be photographic.

If the name on your identity documents or qualifications is different from your official name please present your Identity Referee with a name change document listed in the table below. Name change documentation is also required if the name listed on this form is different to what is displayed on the online [Register of New Zealand Registered Teachers](#). You must attach a [certified copy](#) of your official name change document to this application.

Please ensure you complete the applicable fields in the table below.

	Document name	Document number	Issue date (if applicable)	Expiry date (if applicable)
Category A				
Category B				
Name change (if applicable)				

Identity Referee details

An Identity Referee:

- **must be** either a School Principal, ECE Centre Manager, or Initial Teacher Education (ITE) Head of Programme.
- **does not** have to know you personally.

Identity Referee's position:

Teacher registration number (if applicable):

Full name of Identity Referee:

Name of School/Kura/Centre or ITE Provider:

School/Kura/Centre or ITE Provider address:

Contact number:

Identity Referee to complete

OFFICIAL STAMP

Identification documents presented to you in person by the applicant must be **original, current and not expired**, and issued by an authorised agency.

By my signature, I confirm that I have sighted the identification documents in the table above and I verify that the person in the photo in the identity document is the applicant whose name is written in full above.

Identity Referee's signature:

Date:



Section C: Education

If your teaching qualification is older than five years, please provide a copy of your curriculum vitae showing your entire teaching employment history. We may ask you to provide testimonials from professional leader(s), evidence of mentored teaching and recent professional learning and development completed.

Teaching qualifications

Please list all your teaching qualifications and attach a [certified copy](#) of your qualifications.

Qualification name	Institution	Location	Length of course	Completion date

Are you employed in, or have you completed, an approved [Teacher Education Refresh \(TER\) programme](#) in the last five years? (if applicable)

If you selected **Yes**, what date did you complete TER?

Please attach a [certified copy](#) of your TER completion certificate OR confirmation of TER enrolment letter.

Section D: Time spent outside of New Zealand

Have you spent 12 months or more in any country other than New Zealand over the last 10 years, even if you didn't spend the 12 months all in one visit?

If **Yes**, please list in the table below the countries, other than New Zealand, you have spent time in for 12 months or more (even if not all in one visit) in the last 10 years. Do not include countries you spent time in when you were under the age of 16 years.

Please also provide a national police vetting certificate for each country listed, covering the entire time you stayed there (issue date needs to be close to or after you left the country).

Check out information about [overseas police clearance](#) on the Council's website.

Country	From (mm/yyyy)	To (mm/yyyy)	Police certificate: (Attach certified copies of all police certificates listed)	Date: (If 'applied for' or 'provided')

Section E: Applicant declaration

Please answer all of the questions below.

Have you ever been dismissed from a teaching position in any country?

Have you ever had teacher registration refused or cancelled in any country?

Do you have any physical or mental health conditions that may affect your ability to carry out a teaching role safely and satisfactorily?

Note: The Teaching Council will distinguish between any physical or mental conditions that affects an applicant's ability to carry out the teaching role satisfactorily, and any disability that an applicant has that does not impact on that ability. The Teaching Council is aware of its obligation not to contravene the Human Rights Act 1993 by unlawfully discriminating against any person.

Are you under investigation for, or been convicted of, an offence (excluding infringement notices) in New Zealand or overseas, which may affect whether you meet the Teaching Council's good character criteria?

If you answer **Yes** to any of the questions, you must provide a clear explanation of the circumstances surrounding each situation on a separate page and attach it to this application.



Acknowledgements and statements of consent

I, (surname)

(first and middle names)

solemnly and sincerely declare that, to the best of my knowledge and belief, all the information in this application is entirely true and correct.

I am committed to the values and expectations in the [Code of Professional Responsibility | Ngā Tikanga Matatika](#).

I am committed to develop and practice te reo me ngā tikanga Māori throughout my teaching career.

I understand the Teaching Council will retain the information I provide on and with this application for the purposes of the Education Act 1989.

I consent to allow the Teaching Council to share and receive relevant information with other education agencies and registration bodies for the purposes of this application.

I [consent to the disclosure](#) of information in this form to the following organisations. This will help to process my application, determine whether I meet the criteria for registration, and confirm registration and practising certificate dependent allowances:

- Ministry of Education (and their pay agents)
- New Zealand Qualifications Authority (NZQA)
- Education Review Office (ERO)
- New Zealand Immigration Service
- New Zealand Police
- International Registration bodies.

I understand the Teaching Council will retain the information I provide on and with this application for the purposes of the Education Act 1989.

I understand that the Teaching Council may contact institutions or individuals named in this application, to verify the information provided.

I accept the Teaching Council may use any of the information on this form for statistical purposes, within the obligations and requirements of the Privacy Act 1993.

Signature

By my signature below I consent to all the above acknowledgements and statements of consent.

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

Signature:

Date:





Section F: Fee payment/Tax Invoice

GST #116-961-962

Fee payment: the Teaching Council must have the full fee payment before we begin processing your application

Credit/Debit card type:

Cardholder name:

Card number:

Expiry date:

Cardholder signature:

Fee schedule (non-refundable). I authorise the Teaching Council to deduct the fee as follows:

Processing Fee: \$220.80 (inc GST). An additional \$50.00 (inc GST) is payable if you don't have a practising certificate or LAT **and** you are currently employed in a teaching position that requires one.

What happens next?

Return your completed application form and any other required documents by post to:

**Teaching Council
PO Box 5326
Wellington 6140**

Or courier to:
**Teaching Council
Level 7, 80 Boulcott Street
Wellington 6011**

Our contact telephone number is:
+64 4 471 0852

The Teaching Council processes your fee payment.

The Teaching Council confirms you have provided everything on the form that we need. If we do not have enough information to make a decision on your application, we will contact you to ask for those details.

New Zealand Police uses the details you have provided to run a vetting check and provides a report to the Teaching Council.

The Teaching Council decides whether you meet the criteria to be granted registration and be issued with a practising certificate (if requested).

The Teaching Council send you notice of the decision. If registration is granted the online [Register of New Zealand Registered Teachers](#) is updated with your details, including practising certificate information (if applicable).

