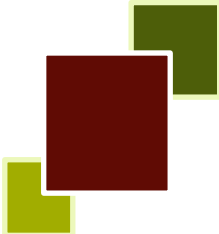


Request for the Consideration of Extenuating Circumstances –To Extend the period of Non-Practising Registration



This form is used to request the Teacher Registration Board of Western Australia (TRBWA) to consider any extenuating circumstances in relation to satisfying the requirements as to why the period of Non-Practising Registration should be extended.

Checklist


Do:



- attach all required documentation
- if sending paper documents, use paper clips (NOT staples) to attach documents, forms, money orders and other information required

Don't:

- attach original documents.

Personal details (please print clearly)

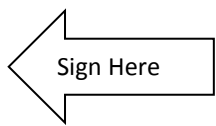
Current registration number: _____			
Title (<input checked="" type="checkbox"/>) <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other _____			
Given name			
Middle name(s)			
Family name/surname			
Preferred name			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other/unknown		Date of birth (dd/mm/yyyy) / /	
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			
<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.			

Extenuating circumstances 
Please state the reasons why the period of Non-Practising Registration should be extended.
Please attach any supporting evidence to your application for the extension of your registration. 

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 Teacher Registration Act 2012 to provide a false or misleading statement.