AUTHORITY TO EMPLOY – Category 1 APPLICANTS WHO DO NOT HOLD THE PRESCRIBED QUALIFICATION - Continuation form – PART A – EMPLOYER TO COMPLETE

Section 1: Employer Details	
Name of Principal/Manager:	
Employing Sector	
Email:	
Name of School:	
Section 2: Details of School Appointment	
Time-Fraction:	0.4 ☐ 0.6 ☐ 0.8 ☐ Fulltime ☐ Please specify
Proposed Term:	From *Enter the date* to *Enter the date* or entire school year ☐
Section 3: Details of Teaching Position	
Subjects to be Taught:	
Year Levels to be Taught:	
Key Duties:	
Section 4: Statement of Supervision Arrangements	
Name of School Mentor:	
Position of School Mentor:	
Meeting Frequency:	Weekly Fortnightly
Signature and Declaration of Principal:	**I,** *Full name of Principal* *Position Held* **of** *Name of school or work unit* **certify that I have supervised** *Full name of authorised person* **between the dates** *Enter the date* **and** *Enter the date* **being a period of** *Enter the year/s* **year(s) and** *Enter the month/s* **month(s) and that to the best of my knowledge, information, and belief, they are able to teach in accordance with the Australian Professional Standards for Teachers, at the Graduate Career Stage, being a document that I have read and understand.**

Signature of Principal/ Line Manager/Delegate:		Date: / /

AUTHORITY TO EMPLOY – Category 1 APPLICANTS WHO DO NOT HOLD THE PRESCRIBED QUALIFICATION - Continuation form – PART B – AUTHORISED PERSON TO COMPLETE

Section 1: Category 2 Continuation Form	☐ **Evidence of updated transcripts (if applicable)** ☐ **Evidence of professional Learning Log**
Section 2: Statutory Declaration by Authorised Person	**STATUTORY DECLARATION –** to be witnessed by a person over the age of 18 I, *Full name* of *Full residential address* do solemnly and sincerely declare that I have completed and read this Initial Application for Authorisation form to be employed as an unregistered person in the Northern Territory and I conscientiously believe that the information I have provided, and the documents I have submitted, are true in every particular. And I make this solemn declaration by virtue of the *Oaths, Affidavits and declarations Act 2010* acknowledging that a person wilfully making a false statement in a statutory declaration is liable to a penalty. Declared by *Your signature* *Town/Place* this *Enter the day* day of *Enter the month* , *Enter the year* before me *Full name of witness* Signed *Signature of witness* Phone *Phone number*
Section 3: Working with Children Clearence (WWCC)	**Record the expiry date of your current Working with Children (Ochre Card): / /**
Section 4: Payment	**Please see following page for payment details**

AUTHORITY TO EMPLOY – Category 1 APPLICANTS WHO DO NOT HOLD THE PRESCRIBED QUALIFICATION - Continuation form

Payment Details

In the event that the school is not paying for this application, please ensure the authorised person provides their payment details below if the second year has not been paid previously.				
Name of Employer				
Name of Authorised Person				
Second Year Fee	**$111** ☐			
(RTM 35R999 134131)				
Personal Cheque ☐	Bank Cheque ☐	Money Order ☐	VISA ☐	MasterCard ☐
Card Number				
Name of Card Holder		Expiry Date		
Signature		Date		

PHONE
1800 110 302 (Toll free)
+ 61 08 8944 9388

WEBSITE
www.trb.nt.gov.au

EMAIL
trbregistration@trb.nt.gov.au

POSTAL ADDRESS
GPO Box 1675
DARWIN, NT 0801