

EVIDENCE OF PROFESSIONAL PRACTICE ON RETURN FROM NON-PRACTISING REGISTRATION

This form is used by teachers required to provide evidence they have maintained their professional practice during the 12 months following their return from non-practising registration.



Please ensure that all sections of this form are completed and required documentation is attached. Teachers may submit evidence of professional practice at any time within the 12 months following return to active registration.

Teachers need to provide evidence they have:

- taught for at least 10 days; and
- undertaken at least 20 hours of professional development activities with reference to the standards of professional practice. At least 10 of these hours should provide access to research and knowledge sourced from outside the immediate school or work environment.

SECTION 1: Personal details *(Please print clearly)*

Name: _____
Given names Surname

VIT Registration Number: _____ Date of Birth: ____/____/____

SECTION 2: Teacher's evidence of professional practice

(Sections 2.1 and 2.2 describe how you will provide evidence of your professional practice)

2.1 I have completed at least ten days teaching, educational leadership or equivalent practice within 12 months of being granted returning registration. *Tick one of the following options:*

This is confirmed by my principal/employer in section 4 of this form.

OR

I have attached evidence of my days teaching, educational leadership or equivalent practice to this form.

2.2 I have completed at least 20 hours of professional development activities with reference to the standards of professional practice. At least 10 of these hours provided access to research and knowledge sourced from outside the immediate school or work environment.

Tick one of the following options:

I have completed the summary sheet in section 3 of this form and this is confirmed by my principal/employer in section 4 of this form.

OR

I have completed the summary sheet in section 3 of this form and attached evidence of my professional development activities to this form.

PLEASE TURN OVER

SECTION 4: Principal/employer's declaration

I confirm that _____ (teacher's name)
has undertaken:
(Please tick those that apply)

- at least 10 days teaching, educational leadership or equivalent practice; and
- at least 20 hours of standards referenced professional development activities as listed on the summary sheet in section 3 of this form.

Signature of principal/employer (or delegate) _____ Date: / /

Name: _____ VIT Registration number _____
(where applicable)

School or workplace _____

Phone number (Business hours) _____

Email address _____

School address if outside Victoria _____

PLEASE TURN OVER

SECTION 5: Teacher's declaration

I declare that the contents of this form are true and correct

Signature

/ /

Day/Month/Year



Please ensure that evidence of at least 10 days teaching, educational leadership or equivalent practice and/or 20 hours of standards referenced professional development activities are attached to this form if declarations have not been made by your principal or employer (or their delegate).



Mail this form to:

The Victorian Institute of Teaching
PO Box 531
Collins Street West
Melbourne 8007