

# Application to replace a certificate of registration or permission to teach

Education (Queensland College of Teachers) Act 2005 Section 63 - FORM 07 V01 SEPT 2012

Under Section 63 of the *Education (Queensland College of Teachers Act) 2005* (the Act) the Queensland College of Teachers (QCT) may decide to grant an application for replacement of a certificate of registration or permission to teach only if it is satisfied the

certificate has been lost, stolen, destroyed or damaged in a way to require its replacement. The application must be accompanied by the **fee** prescribed under a regulation of the Act. **ONLY AN APPROVED TEACHER IS ABLE TO COMPLETE THIS APPLICATION**

## 1 PERSONAL DETAILS

Full name	<input type="text"/>		
QCT registration number	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
Country	<input type="text"/>		
Post Code	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>		

## 2 DETAILS

Reason for request for replacement certificate

## 3 PAYMENT DETAILS

<input type="checkbox"/> Cheque	} <b>Please make cheque / money orders for the fee payable to Queensland College of Teachers; overseas bank drafts should be in Australian dollars and drawn on an Australian bank.</b>		
<input type="checkbox"/> Money Order			
<input type="checkbox"/> Credit Card	<b>Please deduct \$ <input type="text"/> (the current <u>fee</u> for replacing a certificate) from the following credit card.</b>		
Name on card	<input type="text"/>		
Card number	<input type="text"/>	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card
Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)	<input type="checkbox"/>	<input type="checkbox"/> CSV
<input type="checkbox"/>	<b>Please tick here if you intend emailing this application and you accept full responsibility for emailing your credit card details.</b>		

## 4 SIGNATURE

- I have read and understand the contents of this form.
- I have paid the fee or have made/am making arrangements to pay the fee as required in having this form processed.
- I understand there is a **fee** for this application as outlined on the fees page on the QCT website.

Signature  DD/MM/YYYY  /  /

**PLEASE RETURN FORM TO QUEENSLAND COLLEGE OF TEACHERS, GPO BOX 702, BRISBANE QLD 4001, AUSTRALIA**  
**Alternatively, email a scanned copy of this form to [enquiries@qct.edu.au](mailto:enquiries@qct.edu.au) accepting risks of providing details in an email.**

### PRIVACY STATEMENT

The *Education (Queensland College of Teachers) Act 2005* authorises the QCT to collect and use personal information for the purpose of carrying out its statutory obligations and functions which include deciding applications for registration and permission to teach, maintaining the register of teachers and undertaking reviews and research. In carrying out its functions the QCT will give some personal information to other parties including the Queensland Police Service, the Director of Public Prosecutions, the Public Safety Business Agency, teacher employing authorities or service providers engaged by the QCT. A de-identified or aggregate form of data may be released on an open data website. Further details about the QCT's Privacy Statement and collection of personal information may be found on the QCT's website [www.qct.edu.au](http://www.qct.edu.au).

Contact us

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