



RELIEF TEACHER REGISTRATION

Date: _____

Surname: _____ First Names: _____

DOB: _____

Mobile: _____

Email address: _____

Address: _____

- Department ID Number: _____
- Current TRBWA Number: _____ Expiry: _____
- Working With Children Check (WWCC) Number: _____
Expiry: _____ A Copy **must be** attached to this registration
- Screening Number: _____ Date of Issue: _____

Most recent employment in a WA public school: (date) _____

Resume attached – Yes / No

.....

Office Use only:

- Pre-Employment Check
- E number payment check
- WWCC entered
- On Class Cover

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BE RESPECTFUL • BE RESILIENT • BE YOUR BEST amanda.rodde@education.wa.edu.au

