



RELIEF TEACHER REGISTRATION - 2023

Date: _____

Surname: _____ First Names: _____

DOB: _____ Mobile: _____

Email address: _____

Address: _____

- Department ID Number: E _____
- 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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