

### APPLICATION FOR EMPLOYMENT: TEACHING

1. This is an interactive form. After downloading, please save with a new file name then complete details.
2. You must complete all fields in this form and fill in all spaces required
3. You must be eligible for a NSW WORKING with CHILDREN CHECK NUMBER (WWCC). Information on acquiring a WWCC is available at: <http://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check>
4. Your application must have the following supporting documents:
  - copies of all Academic Transcripts/Qualifications
  - Working with Children Check
  - Proof of Accreditation
5. Send your application by :
  - (a) Email – [stmarys@stmarys.nsw.edu.au](mailto:stmarys@stmarys.nsw.edu.au)
  - or
  - (b) Post - The Principal, St Mary Star of the Sea College, Locked Bag 42, Wollongong 2500.

**If you have a WWCC number, please include it here**

### APPLICATION FOR THE POSITION OF

#### PERSONAL DETAILS

Title [Mr Mrs Ms Miss Dr etc]

Surname

Given names

Preferred first name

Residential address

Postal address

Residential phone

Business phone

Mobile

Email address

Date of birth [day/month/year]

Country of birth

Religion

Nationality

[If not an Australian citizen, you will be required to provide a copy of your current visa]

#### SECONDARY EDUCATION

Highest qualification

School

Year completed

**TERTIARY EDUCATION** [If your application is successful, you will be required to produce official original records]

Qualification gained

Institution attended

Date awarded

**TEACHING QUALIFICATIONS** [Please list the subjects you are qualified to teach]**EMPLOYMENT IN TEACHING**

Current teacher classification/level

Total number of years teaching

School	Position	Subject area	Year	Number of terms	Part or full-time
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**RELIGIOUS EDUCATION QUALIFICATIONS**

Qualification gained

Institution attended

Date awarded

## TEACHER CLASSIFICATION AND ACCREDITATION

If you are commencing teaching in NSW or you are returning to the teaching of NESA subjects in NSW after an absence of five (5) years or more, you will need to be accredited with NESA. Teachers registered with the teacher registration authorities of Victoria, the Northern Territory and Queensland are eligible to have their registration recognised by NESA. Forms (A or B) are available online on the Institute's website: [www.educationstandards.nsw.edu.au](http://www.educationstandards.nsw.edu.au)

NESA Accreditation Number:

Date your accreditation cycle expires:

### What is your membership category?

Professional Beginning

Proficient

Date Accredited

Highly Accomplished Teacher (HAT)

Lead

Conditional

Maintaining Proficient

Maintaining HAT

Maintaining Lead

## OTHER TRAINING/QUALIFICATIONS

Qualification gained

Institution attended

Date awarded

## OTHER EMPLOYMENT [employment not in teaching]

Institution

Occupation

Dates

## PROFESSIONAL ASSOCIATIONS OF WHICH YOU ARE A MEMBER

## EMPLOYMENT AND HEALTH

Applicants are asked to complete all of the health and employment declaration and to provide any supporting or explanatory material. The information is necessary in order to assess each applicant's eligibility for employment. This information is confidential.

1. Are you willing and available to contribute to the extra curricular life of the College outside of school hours? Yes      No

Details required include the nature of a health condition, past and/or present treatment, and full name of the doctor or specialist consulted.

2. Do you have any current health problems which may impact on your capacity to carry out the duties of the position, including student supervision and co-curricular duties? Yes      No

If yes, please provide details.

3. Are you taking regular medication prescribed by a medical practitioner which may impact on your capacity to carry out the duties of the position? Yes      No

If yes, please provide details including medication, reasons for use and dates.

4. Have you in the last three years had 10 or more consecutive days leave for sickness? Yes      No

If yes, please provide details, including dates.

5. Have you ever suffered from any mental or emotional disorders, including anxiety or a depressive state, which requires medical support? Yes      No

If yes, please provide details, including dates.

6. Do you have any significant vision, voice or hearing loss or impairment? Yes      No

If yes, please provide details, including dates

7. Have you ever been rejected or deferred as medically unfit for service in the armed forces, for life insurance, for permanent appointment to a public sector position or to participate in any superannuation scheme? Yes      No

If yes, please provide details, including dates.

8. Have you had any surgical operation, a serious accident or any serious medical condition not otherwise mentioned that requires hospitalisation and may impact on your capacity to carry out the duties of the position? Yes      No

If yes, please provide details, including dates.

9. Have you ever been a recipient of workers' compensation payments or benefits (wages, medical expenses or injury lump sum redemption)? Yes      No

If yes, please provide details, including dates and in which State

**NOMINATED PROFESSIONAL REFEREES** [to include current/most recent employer]

Name	Organisation	Position	Telephone number
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**DECLARATION**

- All appropriate documentation is available if requested.
- I understand that if further medical information is required I may be asked to give written authorisation for St Mary Star of the Sea College to seek relevant medical information.
- I acknowledge that any willful suppression or inaccuracy of information contained in this document may result in non-acceptance of this application and/or termination of employment.

Signed \*

Date

\* If you do not have an electronic signature, you will be asked to sign this document at time of interview.