

Employment Application Form (All fields in this section must be completed)

PASSPORT SIZE
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ATTACH A

Title: Mr Mrs Ms Miss Dr Other Gender: M Surname/Family Name: Previous Surname(s):	F		
Previous Surname(s):			
Given Names :			
Preferred Name:			
(Attach certified copies of documentary evidence of all names and name changes: eg marriage certificate, decree nisi, drivers licence, passport or statutory declaration of name	change)		
Date of Birth: / Nationality: Country of Birth:			
Citizenship: Australian citizen: Yes No Permanent resident of Australia: Yes	No		
(If temporary resident, please supply details of visa and attach a copy of the visa to this application) Temporary resident of Australia: Yes	No		
Main language spoken at home: Second spoken language(if any):			
(If English is not your first language, please provide details of IELTS status and attach a copy to this application)			
Residential Address:			
Postcode			
Postal Address:			
(If different to residential)			
Contact Numbers: Home Work			
Fax Mobile			
Email			
Current Employer:			
Current Role:			
Working With Children (WWC) number:			
Academic Qualifications:			
Academic Qualifications.			
Degree Institution Year Atta	ined		
Are you currently undertaking any further study? Yes No If YES please complete the following information:			
Degree Institution Date Started Date to be 0	Completed		



If applying for a **Teaching position**, please complete **Section A**. If applying for an **Administration position**, please complete Section B.

Section A (To be completed if applying for a Teaching position)

Employment History:

School/Institution		
	Position Held	Dates of Service
Cook to sa Toursha		
Subject Taught:		
Please list the Courses and Stages you have tax	ugnt in the last 5 years:	
List any further employment other than teachi	na:	
List any further employment other than teachi	ng:	
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List any further employment other than teachi	ng:	
List any further employment other than teachi	ng:	
List any further employment other than teachi	ng:	
Co-curricular Involvement:		
Co-curricular Involvement:		



Section A (Continued)

Teacher Accreditation:						
Please tick YES or NO in answer to the following	g questions:				YES	NO
1. Have you taught in New South Wales prior to	October 2004?					
2. Are you registered with either of the following	ng authorities:					
NSW Department of Education and Trai	ning (NSWDET)					
NSWDET Accreditation Number	r:					
	* Please attach cop	y of official letter	from NSWD	ET		
BOSTES Statement of Eligibility						
BOSTES Institute Number:						
	* Please attach copy	y of official letter	from BOSTE.	S		
3. Are you accredited with any other State Teac	her Accreditation Aut	:horities?				
4. If you answered YES to Question 3 please fill	in the following infor	mation:				
Name of Accreditation Authority:						
Date Accreditation was completed:	/					
Is your Accreditation active?				Yes	N	o
* Attach documentary evidence of your active acc receipt for payment of accreditation fee.	reditation eg photoco	py of membershi	p card indica	ating your pin n	umber and	l a copy of a recent
5. Are you accredited with any Teacher Accredit	tation Authorities out	side Australia?		Yes	N	o
6. If you answered YES to Question 5 please fill	in the following infor	mation:				
Name of Accreditation Authority:						
Date Accreditation was completed:	/					
Is your Accreditation active?				Yes	N	o
* Attach documentary evidence of your active acc receipt for payment of accreditation fee.	creditation eg photoco	py of membershi _l	p card indico	ating your pin n	umber and	l a copy of a recent
Teacher Accreditation in NSW:						
Please indicate by ticking the relevant box if yo	u have achieved Accr	editation at any	of the follow	wing levels:		
BOSTES:	5.1.6		,	,		
Provisional Accreditation	Date Comp		/	/		
Conditional Accreditation	Date Comp		/	/		
 Proficient Highly accomplished and lead	Date Comp		/	/		
	Date Comp	neteu.	7	7		
ISTAA: • Experienced Teacher	Date Comp	aleted:	/	/		
Professional Excellence	Date Comp		/	/		

 $^{* \}textit{Please provide copies of the relevant Letter/Certificate of Accreditation from either BOSTES or \textit{ISTAA}.}$



$\textbf{Section B} \ \textit{(To be completed if applying for an Administration position)}$

Employment History:Please complete the following:

Organisation	Position Held	Dates of Service
1	T OSIGIOTI FICIA	- Dutes of Service
	<u> </u>	<u> </u>
Key Accomplishments:		
	der as employment history where applicable	e:
Kev Skills/Core Competencie	25:	
Key Skills/Core Competencie List administration skills and/or core con		
Key Skills/Core Competencie List administration skills and/or core con		
List administration skills and/or core con	npetencies:	
Professional Affiliations and	Memberships:	
List administration skills and/or core con	Memberships:	
Professional Affiliations and	Memberships:	