## WILLIAM CLARKE EDUCATING TO MAKE A DIFFERENCE

## **FILLING IN THIS FORM**

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Fill out the form using Acrobat Reader (not your web browser) to ensure all content is saved correctly. If you don't have Acrobat Reader download here: <a href="mailto:get.adobe.com/reader/">get.adobe.com/reader/</a>

## Manually.

- Please use black or blue pen.
- Print in BLOCK LETTERS.

POSITION APPLIED FOR							
How did you hear about this position?							
PERSONAL INFORMATION							
Title							
Mr Mrs	Miss	Ms					
First name/s							
Family name							
Street address							
Suburb	State	Postcode					
Postal address (if different from above)							
Suburb	State	Postcode					

CONTACT INFORMATION
Home phone
Business phone
Mobile
Fax
Email

EMERGENCY CONTACT
First name/s
<sup>e</sup> amily name
Phone number



Do you have any medical conditions which may affect your capacity or suitability to perform the duties of the position for which you have applied?  If yes, please provide details below	Yes No
lf yes, please provide details below	
EDUCATION INFORMATION	
SECONDARY	
	ttendance
TERTIARY  Name and location of Institute Degree, Diploma or Certificate Conferred Years of a	ittendance
Name and location of institute	tteridance
Do you hold a current First Aid Certificate?	Yes No
List any professional associations of which you are a member.	
CO-CURRICULAR ACTIVITIES	
All teaching staff at William Clarke College are expected to be involved in the co-curricular life of the College, for example, coaching a sport team, mas sport code, coaching debating or a music group, or involvement with Christian youth groups to name a few. Please specify any particular expertise	
interest you may have in the area of co-curriculum.	
PROFESSIONAL ASSOCIATIONS List any professional associations of which you are a member.	Yes

APPLICATION FOR EMPLOYMENT <2/5>

## PAST EMPLOYMENT INFORMATION Indicate in order previous positions held, commencing with the most recent position. **POSITION 1** From (MM/YY) To (MM/YY) Name & location of employer Position held Full-time / Part-time Reason for leaving POSITION 2 From (MM/YY) To (MM/YY) Name & location of employer Position held Full-time / Part-time Reason for leaving POSITION 3 From (MM/YY) To (MM/YY) Name & location of employer Position held Full-time / Part-time Reason for leaving Please indicate any positions of special responsibility you have held or other experience relevant to this application. SALARY CLASSIFICATIONS AND ACCREDITATION (TEACHING STAFF ONLY) Salary Step/Band under your current Teachers' Agreement Name of this Agreement **NESA Accreditation Number**

CHURCH ATTENDANCE AND PHILOSOPHY OF CHRISTIAN EDUCATION

Please briefly share your faith journey (please use the last page if additional space is required)

(Teaching staff only) Please share your philosophy of education (particularly in the context of an evangelical Christian school)

NESA Accreditation Level

APPLICATION FOR EMPLOYMENT \$\frac{3}{5}\$

Church attending					
Denomination					
Attendance	Weekly	Once a month	Occasio	nally	
RELIGIOUS REFEI	REE				
Name			Relationship	to Candidate	Phone
OTHER INCORNA	TION PROFESSIO	NAL (OLIADAOTED	DEFEREN		
		ONAL/CHARACTER			t
	must be a recent employ		n reference may	y be made in regard to professional co	impetency and character.
	may be contacted at any liscuss your application.	stage in the recruitmen	t process. There	efore, you should ensure that you have	e advised them that they
REFEREE 1					
Name					Phone
Employer				Position	
Employer				Ostron	
REFEREE 2					
Name					Phone
Employer				Position	
REFEREE 3					
Name					Phone
Employer				Desition	
Employer				Position	
WORKING WITH	CHILDREN CHECK				
If successful in your application for employment, you will need to provide your Working with Children Check number for verification prior to commencement. This enables the College to fulfil its responsibilities under the Commission for Children and Young People Act 1998 (NSW) (as amended or replaced from time to time), and any other applicable legislation dealing with child protection.					
PROOF OF AUSTR	RALIAN CITIZENSH	IP OR WORKING VIS	SA		
Please provide proof of Australian Citizenship or approval to be actively employed in Australia (e.g. photocopy of Australian Birth Certificate or Working Visa). The copy you provide must be certified by a Justice of the Peace as being a true copy.					
PRODUCTION OF	EVIDENCE OF QUA	ALIFICATIONS			
				opies of certificates or academic trans be required prior to commencement.	script.
DECLARATION					
In returning this form, I certify that the information on this form is complete and correct in every detail and I understand that deliberate inaccuracies or omissions may result in non-acceptance of this application and/or termination of employment.					
Name (please type fu	ıll name)				Date

Please return via email the completed Application Form together with a covering letter, CV and scanned copies of required documents to employment@wcc.nsw.edu.au

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Please include any additional information in support of your application						

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