

### Confidential to the Principal and relevant senior staff

### **Court Grammar School Employment Application**

Name:		
Application for the position of:		

- 1. Please fill in **ALL** sections of this form, even if you are attaching a Curriculum Vitae.
- 2. Your covering letter should explain your reasons for applying for this position **AND** any other relevant information you may wish to include.
- 3. Please attach this Application Form to your letter of application and forward to the Principal at your earliest convenience. Email applications to principal@cgs.wa.edu.au All queries should be directed to the Principal's Personal Assistant on 9526 5009.
- 4. The Principal reserves the right to seek information from people not listed in your application, unless specifically requested not to do so.
- 5. Applicants will be expected to uphold the Christian value of the School.
- 6. In accordance with regulations for employee screening it is necessary for all new teaching staff to be a member of the Teacher Registration Board of Western Australia before commencing their duties. All staff must also have a Working With Children Card. All staff are to provide evidence of their Australian work rights (Australian birth certificate, Australian passport, Australian citizenship or Australian work rights visa).
- 7. In applying for this position, you will be providing Court Grammar School with personal information. We can be contacted at 1 Bishop Road, MUNDIJONG, or Locked Bag, 1 MUNDIJONG WA 6123 by telephone: 9526 5000 or fax: 9525 9130.
- 8. If you provide us with personal information, for example your name and address or information contained on your resume, we will collect the information in order to assess your application. By submitting this application you agree that we may store this information for as long as necessary.
- 9. You may seek access to the personal information that we hold about you if you are unsuccessful for the position. However, there may be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others.
- 10. We will not disclose this information to a third party without your consent.
- 11. If you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish, that the School does not usually disclose the information to third parties and that we may store their information for as long as necessary.

lame:(S			stian Name)		(Title)
\ddress:					
lome Phone:					
Business Addres	is:				
Vork Phone:					
Email:					
Date of Birth:					
Religion:					
Parish:		_ Pries	t/Minister:		
Health:					
Secondary Educa	ation Qualif	ications			
Qualifications	Sc	hool		Year	Awarded
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Qualifications	Institution	)	, 	ded	Full Time
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	Institution		Year Award		Full Time
			Year Award	nor Lea	

### **Teaching Experience**

Please list all previous teaching appointments commencing with the most recent.

School	Year of Appt.			ibjects/Courses ught	Year Level
		school			
of preference) Subject/Course	)		Yea	ar Level	
1.					
2. 3.					
4.					
5.					
Additional Info	rmation				
Do you have a	current driv	vers license?	Ye	s No	
Professional Me	emberships	3:			
Date Joined	Level of	Level of Membership		Name of professional organization	
When can you c	commence	?			
				ay preclude long-te	

Referees (Attach photocopies of testimonials or references if you wish)

# **Professional** Name: Position:\_\_\_\_\_ Address:\_\_\_\_\_ Telephone:\_\_\_\_\_ Mobile:\_\_\_\_\_ **Professional** Name:\_\_\_\_\_ Position:\_\_\_\_ Address:\_\_\_\_\_ Telephone:\_\_\_\_\_ Mobile:\_\_\_ Character Name:\_\_\_\_\_ Position:\_\_\_\_ Address:\_\_\_\_ Telephone: Mobile:

#### **Medical Details**

### **Workers Compensation:**

I understand that by virtue of section 79 of the Worker's Compensation and Rehabilitation Act 1981, a future claim for worker's compensation may be in jeopardy if I fail to divulge relevant information about my past or present medical history that may impact upon my employment.

	I have not had a Worker's Compensation Claim							
OR								
	I have c	r have had	d a Worker's (	Compensati	ion Clair	n		
Date of I	niury	Injury Ir	ncurred	Nar	ne of li	nsuranc	e Comp	anv
Date of I	ja. y	injany ii	iouii ou	- Ital		ilourumo	o oomp	arry
Disability	or Med	lical Con	dition					
			sability or me	dical condit	tion that	may need	d to be	
OR	conside	erea in my	employment					
			lity or condition	_		be cons	idered in	my
	employ	ment. Plea	se state the d	etails belov	N			
	+							
Equal Op	portuni	ty Monito	oring Detail	S				
The School	ol is req	uired to re	eport on staf	f matters t	to vario	us gover	nment	
agencies.	We the	efore req	uire you to	complete t	he follo	wing:		
Are vou a	n Alisti	ralian Cit	izen? Yes	No				
•			passport No.		tails)			
Nationalit	t <b>y:</b> eg A	ustralian,	British, Can	adian etc:				
Are you:.	•		es Strait Islar purposes)	nder:				_
Gender:	Male	)	Female					
Are you f	rom a n	on-Engli	sh speakin	g backgro	ound?	Yes	3	No
Through	which n	nedia did	l you first h	ear about	this va	acancy?	1	
Newspape	er	Seek	Scho	ol Website	e 0	ther <i>(Ple</i>	ase spe	cify)

## **Declaration** I (print name) declare that: The information I have provided is true, complete and correct to the best of my knowledge. I have provided full details of any investigation or disciplinary actions taken against me relation to my good character or previous employment. Outstanding charges: I do have a criminal conviction(s) (please attach details) OR I do not have any outstanding criminal charges or enquiries against me before a court **OR** I do have outstanding criminal charges pending against me before a court(please attach details) I have provided full details of all criminal convictions, charges or inquiries against me in any country except for those convictions that I am exempted by Australian Statute from disclosing I have provided evidence that I am a citizen of Australia or New Zealand, or that I have a visa, which entitles me to work in Australia.

 I have provided full details of any Worker's Compensation claims, disability or medical condition.

If I am a preferred applicant, I agree that the selection committee may contact my current employee for a reference.

Signature of applicant: _		 
Date:		

**Attachments** (Please attach the following to this application)

- TRBWA
- Working With Children Card
- Academic Transcripts
- Proof of Australian work rights