



William Clarke College Casual Teacher 7-12

Personal Information

Title: Mr Mrs Miss Ms

Given Name/s

Family Name

Date of Birth

Gender Male Female

Address

.....

.....

Suburb

State Postcode

Contact Details

Home

Mobile

Email

Are you an Australian Citizen? Yes No

Current Employer

Current Role

Church Attendance

Church Attending

Denomination

Attendance

Weekly Once a month Occasionally

Education Information

(Only provide specific information in this section where you have not already provided it in an accompanying CV)

SECONDARY

School:	Years of Attendance:	Level Attained:

TERTIARY

Name and Location of Institute:	Years of Attendance:	Degree, Diploma or Certificate Conferred:

Are you currently undertaking and further study? Yes No

Name of Course	Name of Institution	Years of Attendance

Teacher Accreditation

Please tick Yes or No to answer the following questions:

1. Have you taught in NSW? Yes No

2. Have you taught in NSW prior to October 2004? Yes No

3. Are you registered with either of the following authorities?

NSWDET Accreditation Number: Yes No

** Please attach copy of the official letter from NSWDET*

NSW Institute of Teachers (NSWIT): Yes No

** Please attach copy of the official letter from NSWIT*

4. Are you accredited with any other state Teacher Accreditation Authorities? Yes No

If you answered Yes to Question 4 please fill in the following information:

Name of Accreditation Authority:

Date of Accreditation completion:

Is your Accreditation active? Yes No

** Attach documentary evidence of your active accreditation. Eg: photocopy of membership card indicating your pin number and a copy of a recent receipt for payment of accreditation fee.*

5. Are you accredited with any Teacher Accreditation Authorities outside of Australia? Yes No

If you answered Yes to Question 5 please fill in the following information:

Name of Accreditation Authority:

Date of Accreditation completion:

Is your Accreditation active? Yes No

** Attach documentary evidence of your active accreditation. Eg: photocopy of membership card indicating your pin number and a copy of a recent receipt for payment of accreditation fee.*

Teacher Accreditation in NSW

Please indicate by ticking the relevant box if you have achieved Accreditation at any of the following levels:

NSWIT:

Provisional Accreditation Date completed:

Conditional Accreditation Date completed:

Professional Competence Date completed:

Professional Accomplishment Date completed:

ISTAA:

Experienced Teacher Date completed:

Classroom / Professional Excellence Date completed:

** Please provide copies of the relevant Letter/Certificate of Accreditation from either NSWIT or ISTAA.*

Employment Information

Indicate in order previous positions held, commencing with the most recent position.

From	To	Name of Employer	Position Held	Full-time/ Part-time/Casual

Stages taught in the last 5 years:

.....

.....

.....

.....

.....

Volunteer Experience

From:	To:	Organisation	Duties Performed

Hobbies and Interests

.....

.....

.....

.....

Preferred Classes (Please tick)

7 8 9 10 11 12

Availability (Please tick)

Mon Tues Wed Thurs Fri

Referees

Please provide the name and contact details of three referees, **including a Minister of Religion**.

1.	Name:	Phone:
	Organisation/Relationship to Applicant:	
2.	Name:	Phone:
	Organisation/Relationship to Applicant:	
3.	Name:	Phone:
	Organisation/Relationship to Applicant:	

Working With Children Check

If successful in your application for employment you will be required to sign an "Employment Screening Consent Form" which enables the College to fulfill its responsibilities under the NSW Child Protection (Prohibited Employment) Act 1998. The successful applicant will be required to sign a "Prohibited Employment Declaration" as a condition of employment.

Proof of Australian Citizenship or Working Visa

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.

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

Date

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

William Clarke College Privacy Statement

- 1 In applying for this position you will be providing William Clarke College with personal information.
- 2 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.
- 3 You agree that we may store this information for 3 months.
- 4 You may seek access to your personal information that we hold if you are unsuccessful for the position. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others.
- 5 We will not disclose this information to a third party without your consent.
- 6 Where you have provided us with the personal information of others, we encourage you to inform them that you are disclosing that information to the College and why, that they can access that information if they wish, and that the College does not usually disclose the information to third parties.