

WILLIAM CLARKE EDUCATING TO MAKE A DIFFERENCE

FILLING IN THIS FORM

Acrobat Reader:

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: get.adobe.com/reader/

Manually:

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

PERSONAL INFORMATION

Title

Mr Mrs Miss Ms

First name/s

Family name

Date of birth (dd/mm/yyyy)

Gender Male Female

Street address

Suburb

State

Postcode

EDUCATION INFORMATION

SECONDARY

School	Level attained	Years of attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERTIARY

Name and location of Institute	Degree, Diploma or Certificate Conferred	Years of attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CONTACT INFORMATION

Home phone

Mobile

Email

CURRENT STATUS

Are you an Australian citizen? Yes No

Current employer

Current role

CHURCH ATTENDANCE

Church attending

Denomination

Attendance

Weekly Once a month Occasionally

EDUCATION INFORMATION (CONTINUED)

Are you currently undertaking any further study?

Yes No

Name of course	Name of Institute	Years of attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

TEACHER ACCREDITATION

Please tick Yes or No to answer the following questions.

1. Have you taught in NSW? Yes No

2. What is your NESA registration number?

* Please attach a copy of your NESA Approval to Teach letter.

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

If you answered Yes to Question 3 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.

4. Are you accredited with any Teacher Accreditation Authorities outside of Australia? 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.

TEACHER ACCREDITATION IN NSW

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

NESA (PREVIOUSLY BOSTES):

Provisional Accreditation Date attained

Conditional Accreditation Date attained

Proficient Teacher Date attained

Highly Accomplished Date attained

ISTAA:

Experienced Teacher Date attained

Classroom / Professional Excellence Date attained

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

EMPLOYMENT INFORMATION

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

From (mm/yy)	To (mm/yy)	Name of employer	Position held	Full-time/Part-time/Casual

Stages taught in the last five years

VOLUNTEER EXPERIENCE

From (mm/yy)	To (mm/yy)	Organisation	Duties performed

HOBBIES AND INTERESTS

PREFERRED CLASSES

Please tick

7 8 9 10 11 12

AVAILABILITY

Please tick

Mon Tue Wed Thu Fri

REFEREES

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

Name	Organisation / Relationship to Applicant	Phone

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 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 *(please type full name)*

Date

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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