



EDMUND RICE COLLEGE WOLLONGONG

Application for Employment

INSTRUCTIONS: PLEASE READ CAREFULLY

This application form is to be completed by individuals seeking employment at the College.

POSITION APPLIED FOR: _____

1. You are responsible for obtaining a reference from your Parish Priest, Minister or another significant person.
2. You must complete all fields in this form and fill in all spaces required.
3. **You must be eligible for a NSW WORKING with CHILDREN CHECK NUMBER (WWCC).** Information on acquiring a WWCC is available at: <http://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check>
4. All documents must be attached to the completed form. Partially completed forms or forms without full documentation will be returned.
5. Include a letter that addresses the essential criteria.
6. Forward this Application to: The Principal, Edmund Rice College Locked Bag 10, Wollongong 2500.

SECTION 1: PERSONAL DETAILS

Surname:	Mobile:
Given Name(s):	Email:
Title (Mr, Mrs, Ms, Miss, Dr):	Date of Birth:
Previous name(s):	Place of Birth (City, State, Country):
Residential Address:	Country of Citizenship:
Postal Address:	Australian Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>
Phone:	Religion:

1.1 ABORIGINAL or TORRES STRAIT ISLANDER

Are you of Aboriginal or Torres Strait Islander origin? No Aboriginal Torres Strait Islander

(Persons of both Aboriginal and Torres Strait Islander origin should mark BOTH boxes)

1.2 ELIGIBILITY
Are you an Australian Citizen Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please proceed to section 2)
Are you a Permanent Resident of Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes please proceed to section 2)
Are you legally permitted to work in Australia? Yes <input type="checkbox"/> No <input type="checkbox"/> (If No DO NOT PROCEED)

1.3 ENGLISH LANGUAGE PROFICIENCY
Is English your first language? Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO: <ul style="list-style-type: none"> Did you study for your qualification in English in a country where English is an official language? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you undertaken the International English Language Testing System (IELTS), Academic Modules Assessment, and Professional English Assessment for Teachers (PEAT), or an equivalent within the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> Please attach a copy of your most recent IELTS, PEAT or equivalent, if applicable.

SECTION 2: WORKING WITH CHILDREN CHECK*

This position is child-related work; you must obtain a Working with Children Check Clearance Number from the Roads and Maritime Services (RMS) and/or Government Access Centres.

You are not permitted to work at EDMUND RICE COLLEGE WOLLONGONG until you provide the College with either your WWCC Number or your application number and it has been verified with the RMS as cleared. In the space below please provide either your WWCC Number or your application number:

Working with Children Check Number:	
RMS Application Number:	
Date of application:	

SECTION 3: NSW INSTITUTE OF TEACHERS (Teachers only)

If you are commencing teaching in NSW or you are returning to the teaching of Board of Studies subjects in NSW after an absence of five (5) years or more, you will need to be accredited with NESA. Teachers registered with the teacher registration authorities of Victoria, the Northern Territory and Queensland are eligible to have their registration recognised by NESA. Forms (A or B) are available online on the Institute's website: www.educationstandards.nsw.edu.au

3.1 YOUR MEMBERSHIP?	
Are you a member of NESA? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are a member, what is your accreditation number?	<i>Pease enter your number here:</i>

3.2 WHAT IS YOUR MEMBERSHIP CATEGORY?	
Provisional Beginning <input type="checkbox"/>	Conditional <input type="checkbox"/>
Proficient <input type="checkbox"/> Date accredited ___/___/___	Maintaining Proficient <input type="checkbox"/>
Highly Accomplished Teacher (HAT) <input type="checkbox"/>	Maintaining HAT <input type="checkbox"/>
Lead <input type="checkbox"/>	Maintaining Lead <input type="checkbox"/>

3.3 IF YOU DO NOT HAVE AN ACCREDITATION NUMBER PLEASE INDICATE THE REASON BELOW:
<input type="checkbox"/> I am an 'Existing Teacher' (i.e. qualified and teaching in NSW before and since October 2004) <input type="checkbox"/> My application is now in process with NESA; <input type="checkbox"/> I am registered with an inter-state teaching authority; or <input type="checkbox"/> I will be joining the NESA in the future

SECTION 4: EDUCATION

4.1 SECONDARY EDUCATION	
Highest Qualification:	Graduation Year:
School:	

4.2 TERTIARY EDUCATION*			
Qualification Gained	Institution Attended	Years Attended	Date Awarded

4.3 RELIGIOUS EDUCATION QUALIFICATION*			
Qualification Gained	Institution Attended	Years Attended	Date Awarded

I am qualified to teach:

<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary – list teaching subjects:
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4.4 OTHER TRAINING, COURSES OR QUALIFICATIONS			
Qualification Gained	Institution Attended	Years Attended	Date Awarded

**Please provide copies of academic transcripts, either the original copies or verified as true copies of the original by a Justice of the Peace.*

Do you hold a current First Aid certificate? Yes Expiry Date ___/___/___ No

SECTION 5: EMPLOYMENT RECORD

5.1 EXPERIENCE WORKING IN SCHOOLS						
School	Position	Classes/Subjects	P/T or F/T	If P/T FTE?	From Date	To Date

5.2 OTHER EMPLOYMENT			
Occupation	Employer	From	To

SECTION 6: PROFESSIONAL ASSOCIATIONS

Please list below any Professional Associations of which you are a member:

SECTION 7: HEALTH & EMPLOYMENT

Applicants are asked to complete all of the Health and Employment Declaration and to provide any supporting or explanatory material. The information is necessary in order to assess each applicant's eligibility for employment. This information is confidential.

The details required including the nature of health condition, past and all present treatment and the full name of the doctor or specialist consulted. If the space below is sufficient, please attach separate documentation.

6.1 Do you have any current health problems, which may impact, on your capacity to carry out the duties of the position? Yes No

If yes, please provide details:

6.2 Are you taking regular medication prescribed by a medical practitioner, which may impact on your capacity to carry out duties of the position? Yes No

If yes, please provide details:

6.3 Do you have any significant vision, voice or hearing loss or impairment? Yes No

If yes, please provide details:

6.4 Have you ever been a recipient of workers compensation payments or benefits (wages, medical expenses or injury lump sum redemption) in the last 3 years? Yes No

If yes, please provide details:

7.5 HEALTH AND EMPLOYMENT DECLARATION

I understand that if further medical information is required I may be asked to give written authorisation for Edmund Rice College to seek medical information. I acknowledge that any wilful suppression or inaccuracy may result in non-acceptance of this application and/or termination of employment.

I declare that the information contained in this health and employment declaration and any other document(s) provided in support of it is true and correct in every respect.

Applicant's Signature: _____ **Date:** _____

SECTION 8: CHILD PROTECTION AND PROFESSIONAL CONDUCT

*Please answer the following questions by placing a tick in the appropriate box:	Yes	No
1. Have you ever had your registration, licensing or classification as a teacher or any other entitlement to teach cancelled or suspended or withdrawn in Australia or any other country?		
2. Have you ever been refused registration, accreditation, licensing, or classification as a teacher in Australia or any other country?		
3. Have you ever been dismissed or asked to resign as a teacher in Australia or any other country?		
4. Have you been convicted of an offence that would bar you from child-related work?		
5. Are you currently subject to any criminal proceedings that if proven would bar you from child related work?		
6. Have you ever been accused of physically, sexually or emotionally abusing a child or a young person?		
7. Have you ever been the subject of an allegation of 'reportable conduct' (that is: sexual offence, sexual misconduct, assault, ill-treatment, neglect or psychological harm of a child) as defined by NSW Ombudsman and/or the Commission for Children and Young People?		
8. Have you ever been the subject of a complaint/allegation and/or internal investigation that related to a breach of your professional boundaries and/or breach of a Code of Conduct?		
9. Are you aware of any reason or concern, held by another person, which may make you unsuitable to work in child-related employment?		
10. Have you ever been the subject of an Apprehended Violence Order (AVO) that was made for the purpose of protecting a child or young person from harm?		
11. Have you ever been charged with any criminal offence?		
12. Have you ever been convicted of any criminal offence? If yes, please give a brief description?		

If you have answered YES to any of the above questions, please provide full details. Note: that information may be passed on to NESAs

SECTION 9: NOMINATED REFEREES

Please list 3 referees competent to comment on your current professional position, educational ability and your suitability for employment in the position you are applying for. REFEREE 1 must be your current Principal or employer. Please note we will only contact your referees if you have been shortlisted for the position.

REFEREE 1	
Name:	Position:
Organisation:	Email:
Phone:	Mobile:

REFEREE 2	
Name:	Position:
Organisation:	Email:
Phone:	Mobile:

REFEREE 3	
Name:	Position:
Organisation:	Email:
Phone:	Mobile:

SECTION 10: DOCUMENT CHECK

Listed below are the documents required to complete this application. You are required to submit:

Certified copies of the original documents – only photocopies carrying the original signature of the justice of the peace will be acceptable.

Documents being submitted (indicate by marking the box)

- 1. Teaching Qualification
- 2. University or College final transcript of Academic Results indicating eligibility for the award *(if applicable)*
- 3. Evidence of Religious Education Qualifications *(if applicable)*
- 4. Evidence of other training *(if applicable)*
- 5. Other Degrees, Diplomas or Certificates including First-Aid Certificate *(if applicable)*
- 6. Reports of Efficiency as a teacher and/or Practice Teaching Reports *(if applicable)*
- 7. Statement(s) of Service *(if applicable)* – showing
 - Commencement Dates
 - Termination Dates
 - Whether service was Full Time or Part Time or Casual
 - For Part Time or Casual details of hours/days worked.
- 8. NSW Working with Children Check number.
- 9. Proof of Identity, equal to 100 points of documents as listed below. NB: *Certified copies of original documents are acceptable for birth certificates or citizenship certificates, but certified copies are not acceptable for other identifying documents.
 - 70 POINTS Current Passport *OR* Birth Certificate* *OR* Citizen Certificate* (Only one)
 - 40 POINTS Current Drivers Licence
 - Current Tertiary education student ID card
 - "Acceptable referee" verifying the applicant's identity under AUSTRAC Guidelines No 3
 - 25 POINTS Current credit card or account card from a bank, building society or credit union
 - Medicare Card
 - Foreign drivers licence
 - Local council rates notice
- 10. The employer requires that at least one document provided must contain a photograph integrated into the document (e.g., current photo drivers licence or current passport).
- 11. If original documents are submitted in your maiden name, the employer requires a certified copy of your marriage certificate for verification purposes *(if applicable)*.

SECTION 11: APPLICANT DECLARATION

By submitting this application, I am agreeing

- That there is no reason for the College to believe I am not suitable to work in child-related employment. If any information not disclosed in this application is brought to the attention of the College, my application may be reviewed and/or employment may be terminated.
- That I am aware of my obligations under the Child Protection (Working with Children) Act 2012 to notify the College of any changes to my Working with Children Check Number status or to any change to my personal circumstances that would preclude my working in child related employment.
- That the information provided in this application form is complete and correct in every detail, and I understand that deliberate inaccuracies or omissions may result in non-acceptance of my application and/or termination of employment.

Applicant's Signature: _____

Date: _____