



## Application for the position of Relief Education Assistant

**Confidential to the Principal and relevant senior staff**

**Name:**

\_\_\_\_\_

1. Please fill in **ALL** sections of this form, even if you wish to attach 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's Secretary [admin@sjsnortham.wa.edu.au]. All queries should be directed to the Principal's Secretary on 9621 3502.
4. The Principal reserves the right to seek information from people listed in your application.
5. Successful applicants will be expected to uphold the Catholic ethos of the College.
6. **In accordance with regulations for employee screening it is necessary for all staff in Catholic schools to have a current Working with Children Card.**
7. In applying for this position you will be providing St Joseph's School Northam with personal information. 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.
8. We will not disclose this information to a third party without your consent.
9. 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.
10. You will be contacted to attend an interview with the appropriate Head of School prior to being placed on our Relief Staff List.

**YOUR DETAILS**

**Name:**     
 (Surname) (Christian Name) (Title)

**Address:**   
**Postcode:**

**Mobile:**  **Home Phone:**

**Date of Birth:**  **Email Address:**

**Religion:**  **Parish:**

**Working With Children Card No.:**  Attach Copy

**CrimTrac Police Clearance:**  Yes / No Attach Copy

**SECONDARY EDUCATION QUALIFICATIONS**

Qualifications	School	Year Awarded

**TAFE/TERTIARY EDUCATION QUALIFICATIONS** (Attach photocopies, NOT originals of degrees certificates, results statements, etc.)

Qualifications	Institution	Year Awarded	Full Time Study Equivalent

**ACCREDITATION IN A CATHOLIC SCHOOL** [Attach copies, not originals]

Please list accreditation information.

Accreditation

**WORKING EXPERIENCE**

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

School	No. of years in school	Full Time or % Part Time	Year Level/Class

PO Box 500 Northam WA 6401 Email :admin@sjsnortham.wa.edu.au

**Primary Campus:** Lance Street ~ Telephone (08) 9621 3500 Fax (08) 9622 5188

**Secondary Campus:** Wellington Street ~ Telephone (08) 9621 3550 Fax (08) 9622 3655


**REFEREES**

**Professional:**

Name:

Position:

Address:

Telephone:  Mobile:

**Professional:**

Name:

Position:

Address:

Telephone:  Mobile:

**Personal:**

Name:

Position:

Address:

Telephone:  Mobile:

*I certify that all the information provided is true and accurate.*

**Signature of Applicant:**

**Date:**

**Checklist / Office Use:**

Qualifications (i.e. Cert III)	Y / N	Referees	Y / N
WWC	Y / N		Y / N
Accreditation To Work	Y / N		Y / N
CrimTrac	Y / N		Y / N
	Y / N		Y / N