



Court Grammar
School

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.

Name: _____
(Surname) (Christian Name) (Title)

Address: _____

Home Phone: _____ **Mobile:** _____

Business Address: _____

Work Phone: _____

Email: _____

Date of Birth: _____

Religion: _____

Parish: _____ **Priest/Minister:** _____

Health: _____

Secondary Education Qualifications

Qualifications	School	Year Awarded

Tertiary Education Qualifications (*Attach photocopies, NOT originals of degrees certificates, results statements etc.*)

Qualifications	Institution	Year Awarded	Full Time

Major Learning Area		Minor Learning Area	
Subject	No. of Units	Subject	No. of Units

Teaching Experience

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

School	Year of Appt.	No. of years in school	Subjects/Courses taught	Year Level

General Teaching Preference (Please list subjects and year levels in order of preference)

Subject/Course	Year Level
1.	
2.	
3.	
4.	
5.	

Additional Information

Do you have a current drivers license? Yes No

Professional Memberships:

Date Joined	Level of Membership	Name of professional organization

When can you commence?

Any personal, health or other factors that may preclude long-term employment?

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.

<input type="checkbox"/>	I have not had a Worker's Compensation Claim
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OR

<input type="checkbox"/>	I have or have had a Worker's Compensation Claim
--------------------------	--

Date of Injury	Injury Incurred	Name of Insurance Company
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Disability or Medical Condition

<input type="checkbox"/>	I do not have a disability or medical condition that may need to be considered in my employment
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OR

<input type="checkbox"/>	I do have a disability or condition that may need to be considered in my employment. Please state the details below
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Equal Opportunity Monitoring Details

The School is required to report on staff matters to various government agencies. We therefore require you to complete the following:

Are you an Australian Citizen? Yes No,
(Please attach a copy of your passport No. & visa details)

Nationality: eg Australian, British, Canadian etc: _____

Are you: Aboriginal, Torres Strait Islander: _____
(for statistical purposes)

Gender: Male Female

Are you from a non-English speaking background? Yes No

Through which media did you first hear about this vacancy?

Newspaper Seek School Website Other (Please specify)

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:

<input type="checkbox"/>	I do have a criminal conviction(s) (please attach details)
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OR

<input type="checkbox"/>	I do not have any outstanding criminal charges or enquiries against me before a court
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OR

<input type="checkbox"/>	I do have outstanding criminal charges pending against me before a court(please attach details)
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- 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