## EMPLO YMENT APPLICATIO N

Thank you for your interest in teaching at Arden Anglican School.

Please collate this completed application form and supporting documents, as requested on page 5, in PDF format and submit by email to <a href="mailto:hr@arden.nsw.edu.au">hr@arden.nsw.edu.au</a>

Incomplete applications and/or omitted supporting documents may delay the School's ability to consider and process an employment application

1. Position		
Primary (K-6)	Secondary (7-10)	Senior (11-12)
Permanent	Temporary	
Full-time	Part-time	Casual



The information provided in this form and any supporting documentation (including identification) will be used by the School to manage risk/s associated with its legal obligations in ensuring the protection of children and young persons in its care as well as responding to any health or other emergency directives from NSW Government or regulatory agencies.

The School will rely on the information provided in this form to support its decision in determining individual suitability to child-related work. Information will be retained and destroyed in accordance with the School's Privacy Policy and any associated or applicable NSW legislation. Disclosure will be as required by law only.

By submitting this form you declare that the information provided under **Medical Condition/s**, is at the time of completion and submission, a true representation of any known/diagnosed condition/s which may impede or impact the carrying out of the full range of duties of a teacher (if applicable). You also acknowledge that any statement found to be false or deliberately misleading/inaccurate may result in non-acceptance of the application, termination of employment or external agency reporting, as appropriate.

## 2. Personal Details

Title (Mr, Mrs, Ms, Miss, Dr)		Give	en name/s		
Surname		Fori	Former name/s   fapplicable		
Date of Birth DD / MM	/	Ger	nder		
Residential Address					
Suburb	State			Postcode	
Address for Correspondence of diffe					
Suburb	State			Postcode	
Home phone		Mo	bile phone		
Email					
Country of Citizenship					
Australian Resident		O Yes	O No	If NO, attach appropriate Visa	
WWC No.			Expiry		

3. Education  Tertiary Qualifications. Provide details of most recent attainment, inclu Evidence of qualifications must be attached.	iding current incomplete courses.
Qualification	
Institution	
Qualification	
Institution	
Qualification	
Institution	
Teaching qualification level	Teaching Subject Areas*
Infants Primary Secondary	Subject 1
First Year of Teaching	Subject 2
*If more than 3 Subject Areas, details will be identified by Arden via NESA	Subject 3
NESA Accreditation. NESA Teacher Summary and Professional Developme	ent Progress Reports must be attached.
NESA No. Accreditation level	Cycle expiry date
4. Medical Condition/s  Please indicate whether you are currently aware of any health condition any function of the role or impact either yourself or those around you we further details and/or request to attend an independent medical review prior to employment.	vhile performing your duties. If applicable,
Please indicate whether you are currently aware of any health condition any function of the role or impact either yourself or those around you w further details and/or request to attend an independent medical review	vhile performing your duties. If applicable,
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5. Christian Faith What is your definition of a Christian?			
Do you currently attend Church?		O Yes	O No
If yes, where do you attend?			
and how are you involved?			
If No, do you agree to model and uphold the School's (	Christian ethos and values?	O Yes	o No
To what extent (if any) does the Christian faith relate t	o your teaching philosophy ar	nd practices?	
6. Employment			
Name of current employer			
Place of employment	Length of employment		
Current position	Start date		
Line Manager	Contact no.		
Principal	Contact no.		
Have you ever been the subject of a Workplace Complaint / Investigation?		O Yes	O No
Have you ever been the subject of Reportable Conduct?		O Yes	O No

	ase only provide illiorination	on relevant to last 15 years.
Name of employer	Start date	End date
Position/s held		
Name of employer	Start date	End date
Position/s held		
7. Referees The School will consider provision of Ref Please note, if deemed necessary by the School, the cu determining suitability for employment.		
Name		Relationship
Email	Contact No.	
Name		Relationship
Email	Contact No.	
8. Other Provide any other information relevant to this For example, disclosure of existing relationship with cumemberships, co-curricular activity involvement (eg, co	irrent staff and/or student,	

9. Supporting Documents Please email the following in PDF format to <a href="https://hreat.nsw.edu.au">hr@arden.nsw.edu.au</a> .
Cover letter responding to role criteria
Curriculum Vitao
Curriculum Vitae
Testamur / Official Transcripts of academic results evidencing eligibility of qualification
NESA Professional Development (PD) Progress Report
Evidence of Child Protection and First Aid (competency codes HLTAID009-011 or 012) currency (Please note - if currency is not held at time of application, evidence of currency must be provided prior to commencement of employment or as agreed by the Principal)
Minister's reference (optional)
this completed Employment Application form

## Enquiries

Call +61 2 9484 1146 Em ail hr@ard en.nsw.e du.au