## **EMPLOYMENT APPLICATION**

Thank you for your interest in joining Arden Anglican School. We look forward to receiving your complete employment application.

Please collate your supporting documents, as requested on page 4, in PDF format and email to hr@arden.nsw.edu.au.

Incomplete applications will not be considered.

1. Position			
Primary	Secondary		
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)		Given name/s		
Surname		Former name/s   fapplicable		
Date of Birth DD / MM / YYYY		Gender		
Residential Address				
Suburb	State		Postcode	
Address for Correspondence If d				
Suburb	State		Postcode	
Home phone	Mobile phor		e	
Email				
Country of Citizenship				
Australian Resident	Yes	NO	If NO, attach appropriate Visa	
Church Affiliation				
If no current Church affiliation, do you agree to model and uphold the School's Christian ethos?				
WWC No.	Expiry		Verified Office Use onlhy	

Qualification  Date attained  Professional Memberships (as applicable). Eg, AHPRA.  Organisation / Entity  Membership No.  4. Employment Current Employer. Consent to contact Line Manager/Principal will be sought from you prior to contact being made.  Name of current employer  Place of employment Length of employment Current position Start date  Line Manager Contact no.  Have you ever been the subject of a Workplace Complaint / Investigation? Yes No  Have you ever been the subject of Reportable Conduct? Yes No  5. Medical Condition/s Please indicate whether you are currently aware of any health condition which may impede your ability to undertake any function of the role or impact either yourself or those around you while performing your duties. If applicable, further details and/or request to attend an independent medical review may be requested from preferred candidates prior to employment.  No Yes, details -	3. Education Higher Education (as applicable). Provide details of most re Evidence of qualifications must be attached.	ecent attair	nment, including c	current incomplete o	courses.	
Professional Memberships (as applicable). Eg, AHPRA.  Organisation / Entity  Membership No.  4. Employment Current Employer. Consent to contact Line Manager/Principal will be sought from you prior to contact being made.  Name of current employer  Place of employment  Length of employment  Current position  Start date  Line Manager  Contact no.  Have you ever been the subject of a Workplace Complaint / Investigation?  Yes  No  Have you ever been the subject of Reportable Conduct?  Yes  No  5. Medical Condition/s  Please indicate whether you are currently aware of any health condition which may impede your ability to undertake any function of the role or impact either yourself or those around you while performing your duties. If applicable, further details and/or request to attend an independent medical review may be requested from preferred candidates prior to employment.	Qualification		Date attained			
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	No Yes, deta	ails -				

6. Referees Consent to contact Referees will be sought from you prior to contact being made.				
Name	Relationship			
Email	Contact No.			
Name	Relationship			
Email	Contact No.			
7. Other Provide any other information you feel is relevant For example, disclosure of existing relationship with curren noteworthy accomplishments relevant to the role, etc.				
8. Supporting Documents Please email the following in PDF format to <a href="https://hreat.ncm/hr@arden.nsw.edu.au">hr@arden.nsw.edu.au</a> .  Cover letter				
Curriculum Vitae (CV)				
Qualifications				
Evidence of Child Protection and First Aid (competency codes HLTAID009-011 or 012) currency				
Evidence of Professional Memberships (if applicable)				
this completed Employment Application form				

## Enquiries

Call +61 2 9484 1146 Email +61 2 9484 1146 hr@arden.nsw.edu.au