## **EMPLOYMENT APPLICATION**

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

Please collate your supporting documents, as requested on page 5, 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 diff				
Suburb	State		Postcode	
Home phone		Mobile phone		
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	

Tertiary Qualifications. Provide Evidence of qualifications mu	de details of most recent attainment, ind st be attached.	cluding current incomplete courses.				
Qualification						
Institution						
Qualification						
Institution						
Qualification						
Institution						
Teaching qualification level		Teaching Subject Areas*				
Infants Prim	ary Secondary	Subject 1				
First Year of Teaching		Subject 2				
*If more than 3 Subject A	Areas, details will be identified by Arden via NESA	Subject 3				
NESA Accreditation. NESA Teac	her Summary and Professional Develop	ment 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 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

5. Employment Current Employer. Consent to contact Line Manager/Principal	will be sought from you p	orior to c	ontact being m	nade.	
Name of current employer					
Place of employment	Length of employment				
Current position	Start date				
Line Manager	Contact no.				
Principal	Contact no.				
Other position held Eg, Tutor	Start date	te End date			
Other position held Eg, Tutor	Start date	date End date			
Have you ever been the subject of a Workplace Complaint	/ Investigation?		Yes	No	
Have you ever been the subject of Reportable Conduct?			Yes	No	
Most Recent Employment prior to Current Employer. Please only provide information 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					
6. Referees Consent to contact Referees will be sought from you prior to contact being made.					
Name	Relationship				
Email	Contact No.				
Name	Rel	Relationship			
Email	Contact No.				

7. Other Provide any other information you feel is relevant to this application.  For example, disclosure of existing relationship with current staff and/or student, professional association memberships, co-curricular activity involvement (eg, coach), noteworthy accomplishments etc.
8. Supporting Documents Please email the following in PDF format to

## Enquiries

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