



THANK YOU FOR YOUR INTEREST IN TEACHING AT ARDEN ANGLICAN SCHOOL

Please collate this completed application form and the supporting documents detailed below in PDF format and submit by email to hr@arden.nsw.edu.au

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

1. POSITION

JOB TITLE

EXPERIENCE

Primary (K-6)

Secondary (7-10)

Senior (11-12)

AVAILABILITY

Permanent

Temporary

Full-time

Part-time

Casual

SUPPORTING DOCUMENTS

this completed Employment Application form

Cover letter

Curriculum Vitae

NESA Professional Development (PD) Progress Report

2. PERSONAL DETAILS

TITLE (Mr, Mrs, Ms, Miss, Dr)		GIVEN NAME/S	
<input type="text"/>		<input type="text"/>	
SURNAME		FORMER NAME/S (if applicable)	
<input type="text"/>		<input type="text"/>	
DATE OF BIRTH (DD/MM/YYYY)			
<div>/</div> <div>/</div>			
RESIDENTIAL ADDRESS			
<input type="text"/>			
SUBURB	STATE	POSTCODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. PERSONAL DETAILS CONT.

ADDRESS FOR CORRESPONDENCE (if different to residential)			
<input type="text"/>			
SUBURB	STATE	POSTCODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
HOME PHONE		MOBILE PHONE	
<input type="text"/>		<input type="text"/>	
EMAIL			
<input type="text"/>			
COUNTRY OF CITIZENSHIP			
<input type="text"/>			
AUSTRALIAN RESIDENT			
<div>Yes</div> <div>No (If NO, attach appropriate Visa)</div>			
WWC NO.		EXPIRY	
<input type="text"/>		<input type="text"/>	



3. EDUCATION

TERTIARY QUALIFICATIONS Evidence of qualifications (testamur and/or transcripts) may be requested prior to commencement.

QUALIFICATION

INSTITUTION

DATE ATTAINED

QUALIFICATION

INSTITUTION

DATE ATTAINED

QUALIFICATION

INSTITUTION

DATE ATTAINED

NESA ACCREDITATION

NESA NO.

ACCREDITATION LEVEL

CYCLE EXPIRY DATE

FIRST YEAR OF TEACHING

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.

Yes (If YES, provide details) No



5. CHRISTIAN FAITH

WHAT IS YOUR DEFINITION OF A CHRISTIAN?

DO YOU CURRENTLY ATTEND CHURCH?

Yes 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?

Yes No

TO WHAT EXTENT (IF ANY) DOES THE CHRISTIAN FAITH RELATE TO YOUR TEACHING PHILOSOPHY AND PRACTICES?

6. EMPLOYMENT

NAME OF CURRENT EMPLOYER

CURRENT ROLE

START 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

PRIOR EMPLOYMENT. PLEASE ONLY PROVIDE INFORMATION RELEVANT TO LAST 15 YEARS

NAME OF EMPLOYER

ROLE

PERIOD OF EMPLOYMENT

NAME OF EMPLOYER

ROLE

PERIOD OF EMPLOYMENT

7. REFEREES

The School will consider provision of Referee details as consent to contact.

CURRENT LINE MANAGER NAME

EMAIL

CONTACT NO.

ADDITIONAL REFEREE NAME

EMAIL

CONTACT NO.

MINISTER (optional)

CHURCH

EMAIL

CONTACT NO.

8. OTHER

Provide any other information 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.

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.

THANK YOU FOR YOUR INTEREST IN WORKING AT ARDEN ANGLICAN SCHOOL.

ARDEN



AN ANGLICAN SCHOOL
FOR GIRLS AND BOYS

PRE-SCHOOL AND
JUNIOR CAMPUS
39-43 Wongala Crescent
Beecroft NSW 2119
T. 02 9484 1146

SECONDARY
CAMPUS
6B Essex Street
Epping NSW 2121
T. 02 9484 1146

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