

## STAFF EMPLOYMENT APPLICATION FORM

Privacy Statement: The information you provide in this application will be used only for processing your application and, if successful, for administering your employment.

### APPLICATION FOR THE POSITION OF:

### YOUR PERSONAL INFORMATION

1. Mr      Mrs      Miss      Ms      Other      (circle whichever is applicable)

**NAME:** \_\_\_\_\_  
Surname                      (BLOCK letters please)                      Christian names

**2. ADDRESS:** \_\_\_\_\_  
State    Postcode

**3. TELEPHONE NUMBER:**                      (Home)                         (Mobile)

**4. EMAIL:** \_\_\_\_\_

**5. HEALTH:** Do you have any injuries or health conditions that may limit your ability to safely perform the duties required of this position? If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. WWC Check Number:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

It is an offence under the Children's Guardian Act 2019 for a person convicted of a serious sex offence to apply for a position in this school.

Have you ever been arrested, charged or convicted of a sex offence or any other serious Criminal act?       **Yes**       **No**

If yes, please provide further information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Original	V 1	V 2	V 3	V 4	V 5	V 6	V 7	V 8	V 9	V 10
Date:09/16	Date: 10/20	Date:	Date:	Date	Date	Date	Date	Date	Date	Date

**8. YOUR EDUCATIONAL QUALIFICATIONS:**

(Please note that if you are the successful applicant you will be required to provide certified copies of all Certificates/Qualifications)

**Tertiary Education**

Degree/Diploma	Institution	Years of training	Date received

(Please note copies of academic records will be required at time of interview).

**Other Professional Qualifications**

Qualification	Institution		Date received

**Other Qualifications** (e.g. First Aid, Chemical Safety in Schools, Sporting etc.)

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_
5. \_\_\_\_\_ 6. \_\_\_\_\_

**9. PROFESSIONAL EXPERIENCE**

Give details of your experience. Include dates, employer, etc.

Dates	Employer	Roles and Responsibilities

List any positions of special responsibility you have held.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Your Current Professional Association Membership:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**10. PREFERENCES**

Which subject areas/classes do you prefer to support?

1. \_\_\_\_\_ 2. \_\_\_\_\_
3. \_\_\_\_\_ 4. \_\_\_\_\_

**11. PROFESSIONAL REFEREES**

	Referee 1	Referee 2	Referee 3
<b>Name</b>			
<b>Organisation</b>			
<b>Position</b>			
<b>Relationship</b>			
<b>Contact Details</b>			

## 12. EMPLOYMENT COLLECTION NOTICE

As an applicant for employment with Allegra School Coffs Harbour you need to be aware of the need for our school to comply with the National Privacy Principles. The school has developed a detailed policy and procedure to ensure it complies with these principles. As part of this policy we acknowledge the information that is required from our applicants and kept on record at school.

The following notice is provided to ensure that we have your consent for the use and disclosure where appropriate of this personal information.

1. In applying for this position you will be providing Allegra School Coffs Harbour with personal information. We can be contacted at:
  - **Address:** Level 1, City Square, 66-90 Harbour Drive, Coffs Harbour
  - **Post:** PO Box 1930, Coffs Harbour, NSW 2450
  - **Phone:** 02 6652 5378
  - **Email:** [principal@coffscollege.nsw.edu.au](mailto:principal@coffscollege.nsw.edu.au)
2. 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.
3. You agree that we may store this information for the purpose of the interview process only after which times it will be destroyed within two months unless it is further required for your employment.
4. You may seek access to your personal information that we hold about you if you are unsuccessful for the position. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others.
5. We will not disclose this information to a third party without your consent.
6. We are required to conduct a criminal record check and collect information regarding whether you are or have been the subject of an AVO and certain criminal offences under Child Protection laws.
7. 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 up to two months unless retained for the purpose of further employment.
8. I have read, understood and agree to this notice.

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**Applicant Name**

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**Signature**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Date**

**13. APPLICATION DOCUMENTATION CHECKLIST**

The following documents and information have been provided with this application:

- Responses to key selection criteria
- Resume
- Referees
- List of Qualifications
- Working with Children Check Approval Number

I declare that the information I have provided in this application is complete and correct.

\_\_\_\_\_

**Applicant Name**

\_\_\_\_\_

**Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Date**