

**APPLICATION FOR ADVERTISED TEACHER POSITION 2017**

**Send the completed form and supporting documentation to the school or college that advertised the position.**

**Applications in print form:** Please note that you need to sign and date the ***Declaration and Consent.***

You cannot fully complete the ***Proof of Identity form***. Fill in the relevant sections and take the form to the interview. A member of the interview panel will sight your signature and the originals of your ID and complete the form.

**Applications sent by email:** Please note that you need to print off the ***Declaration and Consent***, sign it and take it to the interview.

You cannot fully complete the ***Proof of Identity form***. Fill in the relevant sections, print it off and take the form to the interview. A member of the interview panel will sight your signature and the originals of your ID and complete the form.

## **Employment Collection Notice**

Catholic Education Archdiocese of Canberra and Goulburn (CECG) will generally collect personal information about an individual using forms completed by the individual, interviews and telephone calls. In relation to personal information of an individual, CECG’s primary purpose of collection is to enable it to provide schooling for the student. Some of the information we collect is to satisfy the CECG’s legal obligations, particularly to enable the System to discharge its duty of care. Laws governing or relating to the operation of schools require certain information to be collected and disclosed. These include relevant Education Acts, Public Health and Child Protection laws with which CECG complies as relevant.

CECG may be provided with personal information about an individual from a third party, for example a report provided by a medical professional or a reference from another school or previous employers. Health information about a person is classified as sensitive information within the terms of the Australian Privacy Principles under the Privacy Act.

CECG, on occasion, discloses personal and sensitive information to others for administrative and educational purposes. This includes to other schools; government departments or agencies such as the ACT and NSW educational and teaching Institutes; the Catholic Education Commissions; the National Catholic Education Commission; the Archdiocese of Canberra and Goulburn and its parishes; other Dioceses or parishes; medical practitioners and people providing services to the schools.

CECG has in place procedures to protect the personal information it holds from misuse, loss, unauthorised access, unauthorised modification or disclosure. CECG may utilise external providers to deliver certain services including 'cloud' data storage to the System and its staff and students. CECG may store personal information in the 'cloud' which may mean that it resides on servers that are located outside Australia.

CECG’s Privacy Policy sets out how employees may seek access to personal information collected about them. 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, where access may result in a breach of CECG’s duty of care to the staff or students, or where information is provided in confidence.

CECG, from time to time, engages in fundraising activities. Information received from you may be used to make an appeal to you. Such information may also be disclosed to organisations that assist in CECG's fundraising activities solely for that purpose. We will not disclose your personal information to third parties for their own marketing purposes without your consent. On occasion information such as academic and sporting achievements, student activities and school-related news is published in School and Diocesan newsletters, magazines or other publications and on the School, Catholic Education or Diocesan websites. Photographs of employee and student activities such as academic or sporting events, school camps and excursions may be taken for publication in newsletters and magazines and on our intranet.

CECG’s Privacy Policy outlines how an individual may complain about an alleged breach of privacy and how the System will deal with such a complaint. The CECG Privacy Policy can be viewed at <http://www.cg.catholic.edu.au/>



**APPLICATION FOR ADVERTISED TEACHER POSITION 2017**

**Applicant’s Personal Details**

|  |  |
| --- | --- |
| Surname | Click or tap here to enter text. |
| Previous Name | Click or tap here to enter text. |
| Given Names | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Religion | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Residential Address | Click or tap here to enter text. |
| Mailing address | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Mobile Number | Click or tap here to enter text. |
| Email Address | Click or tap here to enter text. |

**Teaching Qualifications and Registrations**

|  |  |  |
| --- | --- | --- |
| Qualification 1 | Click or tap here to enter text. | |
| University | Click or tap here to enter text. | |
| Year conferred | Click or tap here to enter text. | |
| Qualification 2 | Click or tap here to enter text. | |
| University | Click or tap here to enter text. | |
| Year conferred | Click or tap here to enter text. | |
| Qualification 3 | Click or tap here to enter text. | |
| University | Click or tap here to enter text. | |
| Year conferred | Click or tap here to enter text. | |
|  | | |
| Religious Education Accreditation in the Archdiocese of Canberra Goulburn | | Choose an item. |
|  | | |
| Registered or accredited with which Teacher Institute? | | Choose an item. |
| (If not registered in ACT or NSW, provide details here) | | Click or tap here to enter text. |
| ACTTQI or NSWESA Teacher Institute Number | | Click or tap here to enter text. |
| ACTTQI or NSWESA Registration/Accreditation Level | | Choose an item. |
| Current membership card expiry date | | Click or tap here to enter text. |
| ACT Teachers with provisional registration with TQI: the date your application for full registration is due. | | Click or tap here to enter text. |
| NSW teachers with provisional or conditional accreditation with NSWESA: the date your application for proficiency is due. | | Click or tap here to enter text. |
| NSW Teachers with proficiency with NSWESA: the date your current maintenance period ends. | | Click or tap here to enter text. |

**Employment History**

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| --- | --- | --- | --- | --- |
| School or Business | Position | Full time equivalent | Date commenced | Date terminated |
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**Teaching Experience Practicums (for beginning teachers only)**

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| --- | --- | --- |
| School | Year Level/s taught | Result (Pass/Fail) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**General State of Health**

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| --- | --- |
| Do you have any health or medical conditions which may affect your work? | Click or tap here to enter text. |
| If yes, is there anything we need to know, as an employer, in regard to managing the condition/s? | Click or tap here to enter text. |

**Referees**

Your referees will be asked the following questions about your suitability for work with children.

* *This position involves working with children individually and in groups. The work is generally unsupervised. Please comment on the applicant’s suitability for working with children.*
* *What experience has the applicant had working with children?*
* *(For past or present employer referees) Are there any matters, complaints, investigations or allegations outstanding against this applicant?*

We will also ask you the above questions and the following question during the interview.

* *Have there ever been complaints made against you about your conduct or behaviour towards or with children?*

**Names and contact details of Referees**

|  |  |
| --- | --- |
| Name of **Parish Priest or Minister** | Click or tap here to enter text. |
| Business Phone | Click or tap here to enter text. |
| Business Mobile | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
|  | |
| Name of **most recent employer** **or of** **current principal**  (for graduating students, your most recent practicum supervisor) | Click or tap here to enter text. |
| Business Phone | Click or tap here to enter text. |
| Business Mobile | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
|  | |
| Name of **past employer or professional colleague** | Click or tap here to enter text. |
| Business Phone | Click or tap here to enter text. |
| Business Mobile | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |

**Supporting Documentation**

Include certified copies of the following documents with this application.

**For the interview**, you will need to have originals of all documentation, where it will be sighted by the interview panel.

Evidence of change of name

Applicants holding a visa or involved in a Teacher Exchange Program, provide a certified copy of your visa showing work rights or a certified copy of the documentation about the Teacher Exchange Program

Copies of all qualifications listed, both the testamur and the final academic transcripts. Academic transcripts should show eligibility for the award. Include front and back of the original transcript for descriptive or explanatory information.

Evidence of Religious Education Accreditation in the Archdiocese of Canberra Goulburn

A copy of your current teacher registration card from ACTTQI or NSWESA

Statements of Service from current and/or previous employers (for teaching service in Australian schools) showing commencement dates, termination dates, whether service was Full-Time, Part-Time or Casual, and any unpaid leave taken. For Part-Time: full-time equivalent. For Casual: details of hours/days worked.

*You do not need to supply a Statement of Service for any teaching service in schools of the Archdiocese of Canberra and Goulburn, as the Catholic Education Office already has this information.*

**Beginning teachers only**: copies of completed qualifications, and a printout of the current course showing units completed and yet to be completed.

**Beginning teachers only**: Copies of Practice Teaching Reports

ACT applicants: a copy of your current WwVP card.

NSW applicants: a copy of the notification from the Office of the Children’s Guardian

containing your WWC Clearance number.

For qualifications gained overseas, provide the comparability assessment.

For qualifications not written in English, provide *t*ranslation/s to English of these qualification/s, academic transcript/s and any other relevant documentation, prepared and certified by a recognised interpreting and translating service.

For applicants whose first language is not English, provide one of:

Evidence that all four years of your required higher education study (or qualifications assessed as comparable) were undertaken in English in either Australia, New Zealand, United Kingdom (England, Scotland, Wales and Northern Ireland), the United States of America, Canada or the Republic of Ireland;

**or**

Your results in the International English Language Test (Academic). The test result needs to have an average band score of 7.5 across all four skill areas of listening, speaking, reading and writing, with no score below 7.0 in any of the four skill areas and a score of no less than 8.0 in speaking and listening. Your results need to be from a test taken within the previous two years. Testing and locations can be found at <http://www.ielts.org/>



**Applicant’s Declaration and Consent**

Please note that if you are sending your application by email you will need to print off the ***Declaration and Consent***, sign it and take it to the interview.

* I declare that the information I have given in this form is complete and correct in every detail and I understand that deliberate inaccuracies or omissions may result in non-acceptance of this application and/or termination of employment.
* I am prepared to develop and actively support the Christian philosophy, character and educational policies of Catholic Schools.
* I have read *Teaching in Catholic Schools – a Statement of Principles\*.* I concur with its content and agree to support the objectives outlined.
* I have read *Religious Education Accreditation for staff employed in Catholic Education in the Archdiocese of Canberra and Goulburn.\**
* I have read *Guidelines for Professional Conduct in the Protection of Children and Young People*\*.
* I have read the *Catholic Education Office Privacy Policy*\*.
* I am eligible for child-related employment and undertake to fulfil my obligation to comply with relevant legislation.
* I understand that I must provide a current Working with Children Check or Working with Vulnerable People registration card prior to commencing employment in the Archdiocese of Canberra and Goulburn.
* I give consent for my nominated referees to be contacted.
* I give consent for other referees to be contacted.
* I understand that my referees will be asked to comment on my experience in working with children and my suitability for working with children, and that my present or most recent employer will be asked if there are there any matters, complaints, investigations or allegations outstanding against me.

*\* These are at* <http://www.cg.catholic.edu.au/>

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Proof of Identity Form for positions in the ACT and NSW**

You cannot fully complete the ***Proof of Identity form.***  Fill in sections A and C, print off the form and take it to the interview. **Do not sign** until you are with the Catholic Education representative who will also sign that they have witnessed your signature.

Take the originals of 100 points of ID to the interview. Your identity must be verified using original documents (except as noted) adding up to a minimum of 100 points before your Application for Employment can be processed.

|  |  |
| --- | --- |
| 1. DETAILS OF APPLICANT | |
| Title | Click or tap here to enter text. |
| First Name: | Click or tap here to enter text. |
| Surname: | Click or tap here to enter text. |
| Date of Birth: | Click or tap here to enter text. |
| CURRENT RESIDENTIAL ADDRESS OF APPLICANT | |
| Unit number/Street Number/ Street Name: | Click or tap here to enter text. |
| Suburb/Town: | Click or tap here to enter text. |
| State: | Click or tap here to enter text. |
| Postcode: | Click or tap here to enter text. |
| CURRENT POSTAL ADDRESS OF APPLICANT | |
| Cross here if same address as above | Click or tap here to enter text. |
| Unit number/Street Number/ Street Name: | Click or tap here to enter text. |
| Suburb/Town: | Click or tap here to enter text. |
| State: | Click or tap here to enter text. |
| Postcode: | Click or tap here to enter text. |

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| 1. DECLARATION BY APPLICANT |

**Sign below only in the presence of the member of the interview panel who is certifying your identification.**

I do hereby solemnly swear that:

1. I am the person to whom this Proof of Identity form relates;
2. This Proof of Identity form has been completed by me and not by any other person.

Applicant’s Signature Principal or delegate’s Signature (as witness)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| 1. IDENTIFICATION DOCUMENTS (You must have the originals of these to be sighted at the interview.) | | | | | | |
| **Primary Documents:** You may use only one primary document. | | | | | | |
| Birth Certificate (or certified copy) | Number: Click or tap here to enter text. | | State: Click or tap here to enter text. | | 70 | |
| Citizenship Certificate | Number: Click or tap here to enter text. | | Country: Click or tap here to enter text. | | 70 | |
| Current Australian Passport | Number: Click or tap here to enter text. | |  | | 70 | |
| Expired Australian Passport which has not been cancelled and was current within the preceding two years | Number: Click or tap here to enter text. | |  | | 70 | |
| Current passport from another country | Number: Click or tap here to enter text. | |  | | 70 | |
| **Secondary Documents:** You may use a combination of secondary documents. If you use more than one credit and savings account, bank statement or utilities bill they must be from different institutions. | | | | | | |
| Current Australian driver photo licence | | Number: Click or tap here to enter text. | State: Click or tap here to enter text. | | | 40 |
| Student ID Card issued by an Australian tertiary education institution | | | |  | | 40 |
| Property Rates notice (showing your current address) | | | |  | | 25 |
| Property Lease agreement (showing your current address) | | | |  | | 25 |
| Home insurance papers (showing your current address) | | | |  | | 25 |
| Bank Statement (showing your current address) | | | |  | | 25 |
| Current credit card or account card from a bank, building society or credit union | | | |  | | 25 |
| Current telephone, water, gas or electricity bill (showing your current address) | | | |  | | 25 |
| Motor vehicle registration or insurance documents (showing your current address) | | | |  | | 25 |
| Medicare card | | | |  | | 25 |
| **Total Points (must = 100 points or more)**  Click or tap here to enter text. | | | | | | |

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| PRINCIPAL/INTERVIEWER ONLY – CHECKLIST AND DOCUMENT CONFIRMATION |

1. Check that the details in section A match the details on the identification documents.
2. Ask the applicant to sign and date section B. If the application is already signed, request the applicant to sign below the box and check it is a true likeness.
3. You must sight original documents to complete section D. As each document is checked against the details shown, cross ‘X’ in the box. At least one document must contain a photo of the applicant. Return all ID documents to the applicant.
4. Sign and complete section D.

|  |  |
| --- | --- |
| 1. DOCUMENT CONFIRMATION | YES |
| Date of Birth sighted |  |
| Photo ID sighted |  |
| Current address sighted |  |
| Signature sighted |  |

I declare the Photo ID sighted is a true likeness of the Applicant. I have sighted and confirmed the Proof of Identity against original documentation.

Name and position of person certifying applicant’s identity Signature of person certifying applicant’s identity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_