



SAINT IGNATIUS COLLEGE GEELONG TEACHING STAFF APPLICATION FORM

TITLE: _____ SURNAME: _____

FIRST NAME: _____ SECOND NAME: _____

ADDRESS: _____ SUBURB: _____

POSTCODE: _____ TELEPHONE: Work: _____ Home: _____ Mobile: _____

EMAIL: _____

HIGHEST LEVEL OF SECONDARY SCHOOLING

| Qualification | Year of Completion | Institution/School |
|---------------|--------------------|--------------------|
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COMPLETED FORMAL POST-SECONDARY QUALIFICATIONS **

| Qualification | Major Studies | Year of Completion | Institution | Course Length (F/T) |
|---------------|---------------|--------------------|-------------|---------------------|
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INCOMPLETE POST-SECONDARY QUALIFICATIONS **

| Subject/Unit | Exp Date of Completion | Institution | Qualification |
|--------------|------------------------|-------------|---------------|
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SUBJECTS TAUGHT: _____

PREFERRED SUBJECTS AND LEVELS: _____

EXTRA CURRICULAR INTERESTS: _____

SIGNATURE: _____ DATE: _____



TEACHER REGISTRATION

VIT REGISTRATION NO** _____ EXPIRY DATE: _____ / _____ / _____

(Victorian Institute of Teaching registration number)

REGISTRATION CATEGORY: _____

NATIONAL CRIMINAL HISTORY RECORDS CHECK (NCHRC) DATE: _____ / _____ / _____

CEO ACCREDITATION NO: _____

CURRENT SALARY SUBDIVISION: _____

RECORD OF TEACHING SERVICE

| School/Institution | Suburb/Town | State | Start Date Dd/mm/yy | End Date Dd/mm/yy | Full Time Part Time (Expressed as FTE) |
|--------------------|-------------|-------|------------------------|----------------------|---|
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MEDICAL HISTORY

GIVE DETAILS OF ANY WORKERS COMPENSATION OR WORKCARE CLAIMS OVER THE LAST 5

YEARS:

As you may not be entitled to compensation for any injury of which you were aware at the time of your commencing this position that might be adversely affected by the work you will be required to do, it is in your interests to disclose the existence of any such injury. Making a false or misleading statement, or failure to disclose relevant information, will mean that you may not be entitled to compensation if the sickness or injury is aggravated by the work.

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Next of Kin Details:

Name: Relationship to Employee:

Contact Telephone Numbers: Work: Mobile: Home

SIGNATURE: DATE:

**Documentation is required