

Current membership of professional bodies

Please note any professional bodies you are a member of or are registered with.

Other employment

Please note any other employment you would continue with if you were to be successful in obtaining this position.

References

Please note the names and addresses of two persons from whom we may obtain both character and work experience references.

1. Name: _____
Address: _____
Ph: _____
Known in the capacity of _____
(i.e. Manager/Education) _____

2. Name: _____
Address: _____
Ph: _____
Known in the capacity of: _____
(i.e. Manager/Education) _____

Leisure

Please note your leisure interests, sports and hobbies, other pastimes etc.

Criminal record

Please note any criminal convictions. If none, please state. In certain circumstances, employment is dependent upon obtaining a satisfactory Police vetting check and/or children's worker safety check.

Please detail here your reasons for this application, your main achievements to date and strengths you would bring to this role. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the position/job advertisement).

General comments

Declaration

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
3. I agree that should I be successful in this application, I will, if required consent to a Police vetting check and/or children’s worker safety check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.

Signed: _____ Date: / / _____