



TRINITY COLLEGE GAWLER INC.

STAFF APPLICATION FORM

1. PERSONAL DETAILS

Title: Mr/Mrs/Ms/Miss/Other _____

Surname: _____

Christian Names: _____

Address: _____

Date of Birth: _____

Teacher's Registration No: _____

Telephone (H): _____

Telephone (Wk): _____

Mobile: _____

Email: _____

Religious Affiliation and Involvement:

2. NAMES AND AGES OF CHILDREN (please complete if you would like your children to join Trinity College)

| Name | Date of Birth | Year for Entry |
|------|---------------|----------------|
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3. TERTIARY AND OTHER QUALIFICATIONS

| Qualification | Institution | Year Gained |
|---------------|-------------|-------------|
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4. SUBJECTS QUALIFIED TO TEACH

| Subject | Year Levels | Subject | Year Levels |
|---------|-------------|---------|-------------|
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5. PREVIOUS EXPERIENCE

| Subject | Year Levels | When | School/s |
|---------|-------------|------|----------|
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6. CO-CURRICULAR AND EXTRA-CURRICULAR ACTIVITIES

Teaching staff are expected to complete co-curricular activities as part of their normal working day. These include staff meetings, curriculum meetings, yard duty, professional development, parent teacher interviews and phone calls, open days, sports days and participation in the school's programme for spiritual and pastoral care. Teaching staff are required to participate in extra-curricular activities. Extra-curricular activities are those activities of a sporting, cultural or hobby nature provided for students and may need to be performed at times outside of the normal classroom teaching hours, including on weekends.

Please provide details of any of the following attributes you possess:

a. Sporting Skills

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b. Cultural Skills

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c. Hobbies

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7. CRIMINAL CONVICTIONS

Have you ever been charged with or convicted of:

- a. a sexual offence anywhere in Australia or overseas? YES/NO
- b. any offence against a minor (a person under the age of 18 years) anywhere in Australia or overseas? YES/NO
- c. any other offence under the law of South Australia? YES/NO

If you answer YES to any of the above questions, please give details of the offence, the date and place of charging or conviction:

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8. MEDICAL DETAILS

Do you have any disabilities which might:

- a. interfere with your performance of this job? YES/NO
- b. prevent you from carrying out the inherent requirements for the job? YES/NO
- c. require the provision of any additional services or facilities? YES/NO
- d. pose a risk to your health and safety, or the health and safety of your fellow employees, at the workplace? YES/NO
- e. Have you had a workers compensation or other personal injury claim in the past? YES/NO

If you answer yes to any of the above questions, please provide details:

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You may be required to obtain a certificate from an approved legally qualified medical practitioner that you are able to perform the required duties. If the obtaining of such a certificate is necessary, Trinity College will pay the associated cost.

I, _____ (applicant) hereby certify that the above information is a complete and accurate response to the questions contained herein.

Signed

Date

9. REFEREES

1.

| Name | Telephone | Position |
|------|-----------|----------|
| | | |

2.

| Name | Telephone | Position |
|------|-----------|----------|
| | | |

3.

| Name | Telephone | Position |
|------|-----------|----------|
| | | |

4. FOR OFFICE USE ONLY

Award Step: _____ Year: _____

Probation: From: _____ To: _____

Position: _____ Fraction: _____

Replacement Contract: From: _____ To: _____

Superannuation: _____ College Member: Yes/No

Other Specific Conditions:

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Any Other Relevant Information:

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Award Level Summary: _____