

**APPLICANT DETAILS**

Please complete all information.

Surname:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name:	<input type="text"/>	Country of birth:	<input type="text"/>
Middle Name:	<input type="text"/>	Date of Birth:	<input type="text"/>
Preferred name:	<input type="text"/>	Nationality:	<input type="text"/>
		Religious Denomination:	<input type="text"/>
WWCC Number:	<input type="text"/>	NESA Number:	<input type="text"/>

**CONTACT DETAILS**

A post office box is not acceptable as a home address.

Applicant Home Address

Street Address:	<input type="text"/>	Phone:	<input type="text"/>
Suburb	<input type="text"/>	Mobile:	<input type="text"/>
State	<input type="text"/>	Postcode:	<input type="text"/>
		Email:	<input type="text"/>

**Mailing Address**

**Provide a mailing address if it is different from the home address;** otherwise, write "As above" in the first line below. Provide one address only if addresses are the same, or if you only require correspondence mailed to one address.

Street Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>

**APPLICANT HEALTH INFORMATION**

Do you have any medical or health concerns that could prevent you from performing this position? If so, please provide details below.

**PRACTICUM/WORK PLACEMENT/WORK EXPERIENCE DETAILS**

Section of School

in which practicum is to be undertaken:     Early Learning Centre             Primary             Secondary             Other

Date/Dates of placement/  
work experience:

Number of required  
placement hours:

Teaching Subjects for Placement:

Requested Year Level:

Name of institution through which  
the practicum is required:

Degree / Diploma studied:

Year of Study:

1            2            3  
                       

Name of Supervisor:

Phone:

**CHRISTIAN FAITH AND EXPERIENCE**

Set out briefly what you understand about Christian Education.

Briefly describe your present local church affiliation and any positions of responsibility you hold.

Name of  
Church:

Present  
Minister's name

Address:

Phone:

Describe your personal religious faith.

Applicant's signature:

Date:

Please Note: It is an offence under the Child Protection (Working with Children) Act 2012 (NSW) for a prohibited person to engage in 'child-related work' unless the person holds a current Working with Children Check clearance, or if they are subject to an interim bar. If you do not already have a Working with Children Check Clearance, you will be required to apply for one prior to your appointment. The School is required to verify your Working with Children Check Clearance by law. Your placement is conditional on you holding a clearance. You can apply for a WWCC number at [www.kidsguardian.nsw.gov.au](http://www.kidsguardian.nsw.gov.au)