



APPLICATION FORM – CASUAL/RELIEF TEACHING STAFF

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"/>
Second name	<input type="text"/>	Date of birth	<input type="text"/>
Preferred name	<input type="text"/>		
Present Employer	<input type="text"/>	Nationality	<input type="text"/>
Years of Service	<input type="text"/>	Religious Denomination	<input type="text"/>
Previous Employer	<input type="text"/>	Years of Service	<input type="text"/>

Position applied for at Tyndale?

Where did you find out about this position?

Are you applying for a fulltime position?

Yes No

Are you applying for a part-time position?

Yes No

PERSONAL DETAILS

Family

Marital Status

Single Married Separated Divorced Other _____

Name of Spouse

Children

Names

Ages

School

Names	Ages	School
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home address

A post office box is not acceptable as a home address. **Provide one address only if addresses are the same.**

Applicant Address

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

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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.

Applicant Address

Street address	
Suburb	
State	
Postcode	

EDUCATIONAL BACKGROUND AND TRAINING

Name of Secondary School Attended _____

Tertiary Education (include any other specialised training) Please supply copies of your qualifications with your application.

Institution	State/Place	Qualifications gained	Year

PROFESSIONAL HISTORY AND TEACHING EXPERIENCE

Name of School/Organisation Year Class/Subject Taught Position

Why would you like to work at Tyndale Christian School?

Empty text box with horizontal dotted lines for writing.

APPLICANT HEALTH INFORMATION

1. Please describe your general state of health

Empty text box for describing general state of health.

2. Have you had any serious illness lately? Yes No

If yes, please give a brief outline

Empty text box with horizontal dotted lines for outlining serious illness.

3. Are there any personal details relevant to your application which you wish to submit? Yes No

If yes, please describe these

Empty text box with horizontal dotted lines for describing personal details.

CHRISTIAN FAITH AND EXPERIENCE

Church

Are you involved in church activities? Yes No Attending Church

Present Ministers Name Phone Email

Address _____

Suburb _____ State _____ P/Code _____

If yes, please give details of your involvement and responsibilities

Large empty text box with horizontal dotted lines for detailing church involvement and responsibilities.

Please provide the names of two persons (other than your minister) to whom reference can be made concerning your application. Please include their contact phone numbers, occupation and location.

Person 1	Person 2
Name	Name
Occupation	Occupation
Location	Location
Phone	Phone
Mobile	Mobile
Email	Email

Please provide a description of your personal religious faith. You may, if you wish, attach a more detailed explanation of your theological beliefs. Please include a paragraph on your understanding of Reformed theology.

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Set out briefly what you understand about Christian Education. You may, if you wish, attach a more detailed statement.

A large rectangular area with a solid black border, containing numerous horizontal dotted lines for writing.

Please provide any other details that may be helpful. You may wish to emphasise particular interests, character traits, achievements or other issues you believe are relevant to the application. (Please attach extra information if necessary.)

Applicant's Signature

Empty rectangular box for the applicant's signature.

Date

Empty rectangular box for the 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 employment is conditional on you holding a clearance.