

**APPLICATION FORM**

**SCIENCE FACULTY ASSISTANT 7-10**

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| **1. Personal Details** |  |
| Surname |  |
| First Name(s) |  | Title |  |
| Date of Birth (optional) |  |
| Religious Background or Spiritual Commitment |  |
| Home Address |  |
| Home Telephone |  |
| Mobile Number |  |
| Email Address |  |
| Fax Number |  |

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| **2. Professional Details** |
| Present Position |  |
| Applicant’s address for communication with respect to this application |  |

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| **3.** **Educational Background** |
| **3.1** **Educational Qualifications & Other Certified Courses** |
| Length of Course | Year Completed | Institution | Degree/Diploma obtained |
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| **3.2 Relevant Personal Professional Development**Give details of courses, conferences and seminars attended within the past three years that relate to the position. |
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| **4. Working with Vulnerable People Registration (Copy of Photo ID Required)** |
| **4.1** Registration No. |  |
| **4.2** Registration Location (State or Territory) |  |
| **4.3** Expiry Date |  |

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| **5. Other Relevant Information**  |
| **5.1 Membership or involvement in Parish/community groups or organisations** |
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| **5.2 Membership of Professional Organisations** |
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| **5.3 Professional & Personal Interests**  |
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|  **6. Referees**Names and addresses of persons who have consented to act as referees. The Principal reserves the right to contact persons not nominated by the applicant. |
| **6.1 Referee (present employer)** |
| **Name** |
| **Address** |
|  **Postcode** |
| **Telephone (W) (H) (M)** |
| **Email address** |

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| **6.2 Referee (previous employer or professional colleague)** |
| **Name** |
| **Address** |
|  **Postcode** |
| **Telephone (W) (H) (M)** |
| **Email address** |

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| **6.3 Professional Referee** |
| **Name** |
| **Address** |
|  **Postcode** |
| **Telephone (W) (H) (M)** |
| **Email Address** |