

PETER MOYES ANGLICAN COMMUNITY SCHOOL

Teacher Relief Registration Form

To register for temporary employment positions at Peter Moyes Anglican Community School, please return this form to the Payroll Officer. **PLEASE NOTE** only certified copies of documents will be accepted (see details overleaf).

Mailing Address: PO Box 240, QUINNS ROCKS, WA. 6030
Phone: 08 9304 5500 Fax: 08 9304 5599
Email Address: hr@petermoyes.wa.edu.au

Name: _____

Address: _____

Contact Details Home: _____ Mobile: _____

Email: _____

Position: Relief Teacher – Secondary Relief Teacher - Primary

QUALIFICATIONS (Please provide certified copies of Certificate)

EXPERIENCE

According to ASC Teachers EBA, Relief Teacher rates are now based on years of teaching experience (excluding relief teaching). Certified copies of **Statements of Service** confirming experience is required. Please be advised that your rate will default to **Step 1 of the ASC Teachers' Salary Scale** unless confirmation of your experience is received.

TEACHERS REGISTRATION BOARD OF WA

Membership Type: _____ Membership Number: _____

Membership Expiry Date: ____/____/____ Financial Expiry Date: ____/____/____

Please attach certified copy of TRBWA Registration Letter.
You must provide proof of your Membership and Financial Expiry dates

WORKING WITH CHILDREN CHECK

Teachers are required to apply for a Working With Children check prior to commencement. Application forms are available for Australia Post Office Outlets

Notice Number: _____ Expiry Date: ____/____/____

Attach certified copy of Working With Children Check Card

AVAILABILITY

Days available for work: Mon Tue Wed Thu Fri

Date Available From: _____

Other Information: _____

Signature: _____

Date: _____

Please note: This Registration Form will not proceed if the required certified copies of documentation are not attached

You are required to provide copies of your qualification which have been certified as a true copy by a person included in the following list:

1. A Town or Shire Clerk
2. A Councillor of a municipality
3. A Electoral Registrar
4. A person appointed to take charge of a Post Office in the State
5. An Officer of the State of Commonwealth public service
6. A Teacher
7. A member of the Police Force
8. A person appointed to take charge of the head of any branch office in the State of a bank or building society or credit union
9. A Lawyer
10. A registered Medical Practitioner
11. A Pharmacist
12. A member of the academic staff of an institution providing courses at post-secondary education level
13. The holder of a licence under the Real Estate and Business Agents Act 1978 or the Settlement agents Act 1981
14. An insurance broker registered under the Insurance (Agents and Brokers) Act 1984 of the Commonwealth
15. A Justice of the Peace
16. A minister of religion (not a civil celebrant)
17. A member of either House of Parliament of the State or the Commonwealth

The example format for certifying documents is as follows:

**CERTIFIED ORIGINAL SIGHTED AND THIS
IS A PHOTOCOPY OF THAT ORIGINAL**

Signature _____

Name _____

Authority _____

Date _____