



St Bede's College, Mentone

PRINCIPAL

APPLICATION FORM

INSTRUCTIONS FOR APPLICANTS

Applicants are asked to ensure that the following documentation is submitted by the due date:

1. A **one page letter** addressed to the Operations Manager outlining reasons for your interest in the position.
2. A statement of no more than five pages addressing **each** of the **five Selection Criteria**.
3. The completed **Application Form**.
4. Completed written **Parish Priest Referee Report**.
5. A current **Curriculum Vitae**.

Shortlisted applicants will be required to submit the names and contact details of three professional referees and they may also be requested to undertake psychometric testing.

Please note:

Applications and Parish Priest Referee Report must be received by 4.00pm
Friday, 17 March 2017

Applications should be addressed to:

Email: juliealibrandi@delasalle.org.au

Post: Mrs Julie Alibrandi
Operations Manager
Lasallian Mission Services
PO Box 3485
Bankstown Square NSW 2200

Employment Collection Notice

1. In applying for this position you will be providing St Bede's College (SBC) with personal information.
2. This information will be provided to the interview panel for the position for which you are applying.
3. If you provide SBC with the personal information of others, we encourage you to inform them that you are disclosing that information and why.

1 PERSONAL INFORMATION

Surname:

Christian Names:

Home Address:

Home Telephone:

Mobile Phone:

Email Address:

Present Position:

**Name of school/office at
which you are currently
employed:**

Address:

Telephone:

**Address for
communication with
respect to this
application:**

**Working With Children
No.:**

REFEREES

Names and addresses of **four** persons who have consented to act as referees. Only referees of shortlisted candidates will be contacted.

NB. SBC reserves the right to contact persons not nominated by the applicant.

1.1 Parish Priest

Name _____
Phone _____
Mobile _____
Email _____

1.2 Supervisor (*Director of Regional Support, Diocesan Principals' Consultant, Assistant Director or equivalent*)

Name _____
Position _____
Location _____
Phone _____
Mobile _____
Email _____

If you do not want the person nominated in 1.2 to be contacted, please outline your reasons and nominate as a referee a previous employer / supervisor or another person to whom you have been responsible in your employment.

Reason _____

Alternative to 1.2

Name _____
Position _____
Location _____
Phone _____
Mobile _____
Email _____

1.3 Professional Colleague

Name _____
Position _____

Location _____

Phone _____

Mobile _____

Email _____

1.4 Professional Colleague

Name _____

Position _____

Location _____

Phone _____

Mobile _____

Email _____

2 QUALIFICATIONS

2.1 Tertiary Education Qualifications (including those for Religious Education)

Please list from most recent.

Years attended

(Most recent) _____

Institution _____

Qualifications _____

Major area/s Study _____

Years attended _____

Institution _____

Qualifications _____

Major area/s Study _____

Years attended _____

Institution _____

Qualifications _____

Major area/s Study _____

Years attended _____

Institution _____

Qualifications _____

Major area/s Study _____

Please attach copies of academic transcripts.

2.2 Other Qualifications

<p>Years attended _____</p> <p>Institution _____</p> <p>Qualifications _____</p> <p>_____</p> <p>Major area/s Study _____</p> <p>_____</p> <p>Years attended _____</p> <p>Institution _____</p> <p>Qualifications _____</p> <p>_____</p> <p>Major area/s Study _____</p> <p>_____</p>	<p>Years attended _____</p> <p>Institution _____</p> <p>Qualifications _____</p> <p>_____</p> <p>Major area/s Study _____</p> <p>_____</p> <p>Years attended _____</p> <p>Institution _____</p> <p>Qualifications _____</p> <p>_____</p> <p>Major area/s Study _____</p> <p>_____</p>
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2.3 Relevant Personal Professional Development

Give details of courses, conferences, and seminars attended within the past three years that relate to this position. Please list:

2.4 Membership of Professional Organisations

Name of Teacher Registration Organisation _____
Teacher Registration Number _____ **Expiry Date** _____

Please list Professional Organisations below:

3 EXPERIENCE

3.1 Teaching Experience (including Religious Education)

Years (from most recent)	Name of College/Organisation	Subjects taught

3.2 Leadership Experience

Years (from most recent)	Name of College/Organisation	Positions held

4 SELECTION CRITERIA

The **Selection Criteria** should be addressed in no more than 5 x A4 pages and attached to this application along with additional relevant information.

Signed _____ Date _____

NB. The preferred applicant will be required to sign an Employment Screening Declaration prior to any appointment being finalised.