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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **School Name** |  | | | **Position Title** | | |  | | |
|  | | | | | | | | | |
| 1. **Personal Details (Please use BLOCK LETTERS)** | | | | | | | | | |
| Family Name: | |  | | Given Name(s): | | | |  | |
| Gender: | |  Male  Female | | Date of Birth: | | | | / / | |
| If your name has changed, indicate your original family name: | | | |  | | | | | |
| Are you an Australian Citizen?  Yes  No If **NO**, please provide evidence of permanent residence status or work permit. | | | | | | | | | |
| **Address & Contact Information**  Number/Street: Suburb/Town:  State: Postcode: Preferred Telephone No: Alternative No:  Email Address | | | | | | | | | |
| **Optional Information** | | | | | | | | | |
| Country of Birth: | | | | What is your Ancestry? | | | | | |
| Are you of Aboriginal or Torres Strait Islander Origin?   No  Yes, Aboriginal  Yes, Torres Strait Islander | | | | | | | | | |
| What is your language/linguistic background? | | | |  | | | | | |
| Please indicate your proficiency to Read, Write or Speak this language  READ:  High  Med  Low  WRITE:  High  Med  Low  SPEAK:  High  Med  Low | | | | Do you have an Impairment?   No   Yes Provide Details | | | | | |
| 1. **Previous Employment with the Department** | | | | | | | | | |
| Have you been previously employed by this Department?  No  Yes  If **YES** state your previous Employee ID / PIN / Record Number:  (Previous Employee ID / PIN / Record Number is required to ensure all previous entitlements and service is carried forward to this period of employment) | | | | | | | | | |
| 1. **Previous relevant experience in Ongoing, Fixed Term or Casual Relief Teacher positions** | | | | | | | | | |
| Experience with this Department  **School Dates**  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ | | | | | Experience with other Organisations (attach documentary evidence)  **Employer Dates**  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_  \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ | | | | |
| Casual Relief Teaching in a Victorian Government School (after 1/1/2005). Attach Statements of Service as evidence of CRT employment which includes the dates employed and number of hours worked each day. | | | | | | | | | |
| 1. **Qualifications for this position (Attach evidence as indicated on instruction sheet)** | | | | | | | | | |
| Name of Course Name of Institution Completion Date Course Length  First Qualification Years  Second Qualification Years  Third Qualification Years  Fourth Qualification Years  Do you hold accreditation from the Department to teach a Language Other than English in Victorian Primary Schools?  No  Yes  If **YES** state Language: | | | | | | | | | |
| 1. **Victorian Institute of Teaching Registration** | | | | | | | | | |
| Do you hold current registration or permission to teach with the Victorian Institute of Teaching?  No  Yes  If **YES** provide your VIT Registration Number: | | | | | | | | | |
| 1. **Subjects offered for Teaching (Teacher positions only)** | | | | | | | | | |
| Subjects you offer to teach – Indicate levels. For example: Music P-6, Mathematics 12 | | | | | | | | | |
| 1. | | | 2. | | | 3. | | | 4. |
| 5. | | | 6. | | | 7. | | | 8. |
| 1. **Additional Information** | | | | | | | | | |
| If you answer **YES** to any of these questions, provide relevant details including dates on an attached sheet | | | | | | | | | |
| 1. Do you have a current Working with Children Check? If YES, provide details  Yes  No 2. Have you undergone a National Police Check? If YES , please provide details ………………………………………………………………………………….  Yes  No 3. Have any of your periods of service with any employer (including this Department) ceased due to Ill Health of any kind?  Yes  No 4. Were you ever the subject of disciplinary action?  Yes  No 5. Have you received any form of Voluntary Departure Package (VDP)?  Yes  No   Date of last employment where cessation was as a result of accepting a VDP \_\_\_/\_\_\_/\_\_\_\_ | | | | | | | | | |
| 1. **Declaration** | | | | | | | | | |
| I declare that the information I have provided is true and correct.  Signature of employee Date \_\_\_/\_\_\_/\_\_\_\_\_ | | | | | | | | | |