



DATE OF APPLICATION \_\_\_\_\_

## A | Personal Information

GIVEN NAME/S

SURNAME

ADDRESS

SUBURB

STATE

POSTCODE

HOME PHONE

WORK PHONE

MOBILE

EMAIL ADDRESS

CONDITION OF HEALTH

Excellent

Good

Fair

WORKING WITH CHILDREN CHECK / APPLICATION NO.

DATE OF BIRTH (DOB)

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMINAL ACT? IF YES, PLEASE GIVE DETAILS



## B Professional Preparation

WHAT DEGREES, DIPLOMAS OR OTHER PROFESSIONAL QUALIFICATIONS DO YOU HOLD?

DEGREE / DIPLOMA ETC.	NAME OF INSTITUTION	YEARS OF TRAINING	YEARS CONFERRED

WHAT GRADES / SUBJECTS ARE YOU QUALIFIED TO TEACH?

DO YOU HAVE A TEACHING CERTIFICATE / TEACHING REGISTRATION?

TEACHING ACCREDITATION NUMBER

STATUS

Please provide copy of document

DO YOU HAVE ANY OTHER QUALIFICATIONS?

GIVE DETAILS OF YOUR TEACHING EXPERIENCE

Include dates, names of schools, years of work & subjects taught



INDICATE YOUR TOTAL EXPERIENCE

YEARS

MONTHS

LIST ANY POSITIONS OF SPECIAL RESPONSIBILITY YOU HAVE HELD, AND LENGTH OF TIME

A large, empty, light gray rectangular box intended for listing special responsibilities and their durations.

LIST ANY AREAS OF SPECIAL TRAINING, EXPERIENCE OR INTEREST

A large, empty, light gray rectangular box intended for listing special training, experience, or interests.

PROVIDE DETAILS OF PROFESSIONAL ASSOCIATIONS OF WHICH YOU ARE A MEMBER

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## C | Christian Commitment

DO YOU CONSIDER YOURSELF TO BE A CHRISTIAN?

WHAT CHURCH DO YOU REGULARLY ATTEND?

### Church Details

PASTOR / MINISTER NAME

MOBILE

EMAIL

CHURCH PHONE

ADDRESS

SUBURB

STATE

POSTCODE

GIVE A BRIEF OUTLINE OF YOUR INVOLVEMENT IN YOUR CHURCH AND/ OR OTHER CHRISTIAN WORK

GIVE A BRIEF TESTIMONY DESCRIBING YOUR CONVERSION TO CHRIST



HOW WOULD YOU DESCRIBE YOUR DOCTRINAL STAND ON THE MAJOR TENETS OF THE CHRISTIAN FAITH?

IDENTIFY SOME SOCIAL / MORAL ISSUES THAT CHRISTIAN SCHOOLS SHOULD HAVE DEFINITE VIEWS ON AND EXPRESS YOUR OPINION



## D | Teaching Approach

WHY HAVE YOU CHOSEN TO TEACH CHILDREN?

WHAT DO YOU CONSIDER TO BE THE PURPOSE OF CHRISTIAN SCHOOLING?

AS A CHRISTIAN TEACHER, WHAT DO YOU SEE AS YOUR PRIORITIES? IN YOUR ANSWER, DESCRIBE YOUR IDEAS ON TEACHING STRATEGIES, MOTIVATION AND DISCIPLINE

WHAT EXPERIENCE DO YOU HAVE IN THE AREA OF CURRICULUM DEVELOPMENT?



## E | General Comments

WHY ARE YOU INTERESTED IN APPLYING FOR THIS PARTICULAR POSITION?

WHAT ATTRACTED YOU TO THIS COLLEGE?

ANY ADDITIONAL RELEVANT INFORMATION OR COMMENTS ARE WELCOME



## F | Referees

Referees will be contacted by the College to discuss your suitability for the position you have applied for.

### Character

GIVEN NAME/S

SURNAME

ADDRESS

SUBURB

STATE

POSTCODE

HOME PHONE

WORK PHONE

MOBILE

OCCUPATION

EMAIL

WHAT IS YOUR ASSOCIATION WITH THIS REFEREE?

### Pastor / Minister

GIVEN NAME/S

SURNAME

ADDRESS

SUBURB

STATE

POSTCODE

HOME PHONE

WORK PHONE

MOBILE

OCCUPATION

EMAIL

WHAT IS YOUR ASSOCIATION WITH THIS REFEREE?





## Professional

GIVEN NAME/S

SURNAME

ADDRESS

SUBURB

STATE

POSTCODE

HOME PHONE

WORK PHONE

MOBILE

OCCUPATION

EMAIL

WHAT IS YOUR ASSOCIATION WITH THIS REFEREE?

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I confirm that the above information is correct and that I would be supportive of the Christian ethos of the College. I understand that any misleading statements or omissions made by me may be sufficient grounds for cancelling any agreements made.

SIGNATURE

DATE

**Note** - Please provide with this application references, transcripts of academic attainment and teaching reports



## G | Office Use Only

OUTCOME OF WWCC VERIFICATION:

DATE OF VERIFICATION

EXPIRY DATE

### Referee 1 - Character

CONTACTED

Yes

No

DATE

BY WHOM

SUMMARY OF REFERRAL

### Referee 2 - Pastor / Minister

CONTACTED

Yes

No

DATE

BY WHOM

SUMMARY OF REFERRAL

### Referee 3 - Professional

CONTACTED

Yes

No

DATE

BY WHOM

SUMMARY OF REFERRAL