

Support & Operational



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 | Experience / Qualifications

GIVE DETAILS OF YOUR EXPERIENCE - INCLUDE DATES, NAMES OF ORGANISATIONS AND YEARS OF WORK

INDICATE YOUR TOTAL EXPERIENCE

YEARS

MONTHS

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

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

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

LIST ANY AREAS OF SPECIAL TRAINING, EXPERIENCE OR INTEREST

PROVIDE DETAILS OF PROFESSIONAL ASSOCIATIONS OF WHICH YOU ARE A MEMBER



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



D | 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



E | 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?

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



F | 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