



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

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



WHY ARE YOU INTERESTED IN APPLYING TO WORK AT SPCC SAINTS ACADEMY?

C | Referee

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

Pastor / Minister

GIVEN NAME/S

SURNAME

HOME PHONE

WORK PHONE

MOBILE

OCCUPATION

EMAIL

WHAT IS YOUR ASSOCIATION WITH THIS REFEREE?

Professional

GIVEN NAME/S

SURNAME

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

D | Office Use Only

OUTCOME OF WWCC VERIFICATION:

DATE OF VERIFICATION

EXPIRY DATE

Referee 1 - Pastor / Minister

CONTACTED

Yes

No

DATE

BY WHOM

SUMMARY OF REFERRAL

Referee 2 - Professional

CONTACTED

Yes

No

DATE

BY WHOM

SUMMARY OF REFERRAL