



## Professional Referees *please provide two (please PRINT)*

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Daytime Contact Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Position Held: \_\_\_\_\_ Daytime Contact Telephone: \_\_\_\_\_

## Academic Details

- Attach copies of results completed and any current courses
- If qualification is obtained from an education institution outside of Australia, please provide an assessment of your qualification for the Western Australian Department of Training, Overseas Qualification Unit.

COMPLETED TERTIARY COURSES	INSTITUTION	DATE COURSE COMPLETED

CURRENT TERTIARY COURSES	INSTITUTION	DUE DATE OF COMPLETION

If you have more qualifications please attach to this form

## Additional Information

Do you hold a Senior First Aid Qualification?  Yes  No

If yes, who do you hold the qualification with? Eg St John's: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you hold a current drivers licence?  Yes  No

### HEALTH

To the best of your knowledge and belief, are you of sound health?  Yes  No *if no, please provide details in the space provided*

Applicants who have a health condition are invited to discuss its relevance or otherwise to their prospects for employment with the interviewing officers

## Declaration

I undertake to support and accept the Church's statement of faith, foundational statements of belief and the educational goals of Dale Christian School.

I declare the above statements to be true in all respects.

I acknowledge that any statement that is found to be false or deliberately misleading will make me, if employed, liable for dismissal.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Disclosure of Personal Information

Personal information collected and stored by the School is subject to the Privacy Act. A copy of the Privacy Policy can be obtained from the School.