



ATTACH A
PASSPORT SIZE
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Employment Application Form *(All fields in this section must be completed)*

Position Sought:

Title: Mr Mrs Ms Miss Dr Other Gender: M F

Surname/Family Name:

Previous Surname(s):

Given Names:

Preferred Name:

(Attach certified copies of documentary evidence of all names and name changes: eg marriage certificate, decree nisi, drivers licence, passport or statutory declaration of name change)

Date of Birth: / / Nationality: Country of Birth:

Citizenship: Australian citizen: Yes No Permanent resident of Australia: Yes No

(If temporary resident, please supply details of visa and attach a copy of the visa to this application)

Temporary resident of Australia: Yes No

Main language spoken at home: Second spoken language(if any):

(If English is not your first language, please provide details of IELTS status and attach a copy to this application)

Residential Address:

Postcode

Postal Address:

(If different to residential)

Contact Numbers: Home Work

Fax Mobile

Email

Current Employer:

Current Role:

Working With Children (WWC) number:

Academic Qualifications:

Degree	Institution	Year Attained

Are you currently undertaking any further study? Yes No If **YES** please complete the following information:

Degree	Institution	Date Started	Date to be Completed



Section A (Continued)

Teacher Accreditation:

Please tick **YES** or **NO** in answer to the following questions:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you taught in New South Wales prior to October 2004? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you registered with either of the following authorities: | | |
| NSW Department of Education and Training (NSWDET) | <input type="checkbox"/> | <input type="checkbox"/> |
| NSWDET Accreditation Number: <input style="width: 200px;" type="text"/> | | |
| <i>* Please attach copy of official letter from NSWDET</i> | | |
| BOSTES Statement of Eligibility | <input type="checkbox"/> | <input type="checkbox"/> |
| BOSTES Institute Number: <input style="width: 200px;" type="text"/> | | |
| <i>* Please attach copy of official letter from BOSTES</i> | | |
| 3. Are you accredited with any other State Teacher Accreditation Authorities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you answered YES to Question 3 please fill in the following information: | | |

Name of Accreditation Authority:

Date Accreditation was completed: / /

Is your Accreditation active?

Yes No

** Attach documentary evidence of your active accreditation eg photocopy of membership card indicating your pin number and a copy of a recent receipt for payment of accreditation fee.*

5. Are you accredited with any Teacher Accreditation Authorities outside Australia?

Yes No

6. If you answered **YES** to Question 5 please fill in the following information:

Name of Accreditation Authority:

Date Accreditation was completed: / /

Is your Accreditation active?

Yes No

** Attach documentary evidence of your active accreditation eg photocopy of membership card indicating your pin number and a copy of a recent receipt for payment of accreditation fee.*

Teacher Accreditation in NSW:

Please indicate by ticking the relevant box if you have achieved Accreditation at any of the following levels:

BOSTES:

- | | | | |
|--------------------------------|--------------------------|-----------------|---|
| • Provisional Accreditation | <input type="checkbox"/> | Date Completed: | <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> |
| • Conditional Accreditation | <input type="checkbox"/> | Date Completed: | <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> |
| • Proficient | <input type="checkbox"/> | Date Completed: | <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> |
| • Highly accomplished and lead | <input type="checkbox"/> | Date Completed: | <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> |

ISTAA:

- | | | | |
|---------------------------|--------------------------|-----------------|---|
| • Experienced Teacher | <input type="checkbox"/> | Date Completed: | <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> |
| • Professional Excellence | <input type="checkbox"/> | Date Completed: | <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> / <input style="width: 30px;" type="text"/> |

** Please provide copies of the relevant Letter / Certificate of Accreditation from either BOSTES or ISTAA.*

