

ATTACH A

PASSPORT SIZE

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Casual Teachers Employment Application Form

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	f Birth:	/	/	Cit	izenship: Ar	e you an Au	stralian citizen?	Yes	No		
If you answered NO to the above please indicate your residential status:											
Residential Address:											
								Post	tcode		
Postal A	Address:										
	nt to residential)										
Contact	t Numbers:	Home	2				Work				
		Fax	c				Mobile				
		Emai	1								
Current	: Employer:										
Current	: Kole:										
Working With Children (WWC) number:											
Acader	mic Qualifica	ations:									
Degre	e			Instituti	on				Year Attain	ed	
Are you currently undertaking any further study? Yes No If YES please complete the following information:											
Degre	e			Instituti	on				Date Starte	ed	



Employment History:

Please complete the following table beginning with your most recent position:

, , , , , ,							
School/Institution	Position Held	Length of Service					
		2011 of Del Vice					
Subject Taught:							
Please list the Courses and Stages you have tau	ght in the last 5 years:						
List and fourth or annulation at a the set have to a ship							
List any further employment other than teaching	19:						
Co-curricular Involvement:							
Briefly describe your role in any Co-curricular a	ctivities you have been involved in:						



Teacher Accreditation:

Please tick YES or NO in answer to the following	YES	NO						
1. Have you taught in New South Wales?								
2. Have you taught in New South Wales prior to								
3. Are you registered with either of the following authorities:								
NSW Department of Education and Train								
NSWDET Accreditation Number:	* SI							
DOCTEC Chatava and of Flinibility	* Please attach copy of official letter from NSWDET							
BOSTES Statement of Eligibility								
BOSTES Institute Number:								
	* Please attach copy of official letter from BOSTES							
4. Are you accredited with any other state Teacher Accreditation Authorities?								
5. If you answered YES to Question 4 please fill in the following information:								
Name of Accreditation Authority:								
Date Accreditation was completed: /	/							
Jule Accreditation was completed.	,							
Is your accreditation active?	Ye	es .	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.								
6. Are you accredited with any Teacher Accredita	tion Authorities outside Australia?	es .	No					
7. If you answered YES to Question 6 please fill in	n the following information:							
	-							
Name of Accreditation Authority:								
Date Accreditation was completed: /	/							
Is your accreditation active?	Ye	es	No					
	editation eg photocopy of membership card indicating your pir	n number ar	nd a copy of a recent					
receipt for payment of accreditation fee.								
Teacher Accreditation in NSW:								
, ,	have achieved Accreditation at any of the following levels:							
BOSTES: • Provisional Accreditation	Date Completed: / /							
Conditional Accreditation	Date Completed: / /							
• Proficient	Date Completed: / /							
Highly accomplished and lead	Date Completed: / /							
ISTAA:								
• Experienced Teacher	Date Completed: / /							
Professional Excellence	Date Completed: / /							

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