



# EMPLOYMENT APPLICATION FORM RELIEF TEACHER

(This form must be completed by the Applicant and returned with Curriculum Vitae)

<b>Position applied for:</b>		<b>RELIEF TEACHER</b>		Primary <input type="checkbox"/>		Secondary <input type="checkbox"/>	
<b>Title:</b>	Mr	Mrs	Ms	Miss	Dr	Other	
<b>First Name:</b>				<b>Surname:</b>			
<b>Address:</b>						<b>P/Code:</b>	
<b>Date of Birth:</b>				<b>Contact Telephone:</b>			
<b>Email Address:</b>							

<b>QUALIFICATIONS (Post-Secondary Only)</b> <i>Please attach certified copies of Certificates.</i>		
From Month/Year	To Month/Year	Qualification and Educational Institution

<b>TRBWA Membership Number:</b>	<b>Membership Expiry:</b>
	<b>Financial Expiry:</b>
<b>WWCC Notice Number:</b>	<b>Expiry Date:</b>

*Please attach proof of Teacher Registration Board (TRBWA) membership, a certified copy of Working With Children Check (WWCC) and a copy of a National Police Clearance (dated within six months).*

<b>EXPERIENCE</b>					
Certified copies of <b>Statements of Service</b> confirming experience are required.					
<b>Note: Relief Teacher</b> remuneration rates are based on years of teaching experience (excluding relief teaching). Please be advised that your rate will default to <b>Step 1 of the ASC Teachers' Salary Scale</b> unless a letter from a previous employer confirming your experience and pay level is received.					
From Month/Year	To Month/Year	Current Position	Employer	Full-Time/Part-Time	FTE if Part-Time
From Month/Year	To Month/Year	Previous Position/s	Employer	Full-Time/Part-Time	FTE if Part-Time

<b>MEDICAL INFORMATION</b>	
Do you have a pre-existing injury or medical condition/disability that would affect your ability to perform the duties of this position?	Yes No
If so, please provide details of the injury or medical condition/disability, and any current restrictions it may have on your ability to perform the duties of this position.	

<b>AVAILABILITY</b>					
Please indicate the days you are available to work:	Mon <input type="checkbox"/>	Tue <input type="checkbox"/>	Wed <input type="checkbox"/>	Thur <input type="checkbox"/>	Fri <input type="checkbox"/>

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CERTIFICATION INFORMATION

Copies of your documents should be certified as a true copy by a person included in the following list:

1. A town shire clerk
2. A councillor of a municipality
3. An electoral registrar
4. A person appointed to take charge of a Post Office in the State
5. An officer of the State or Commonwealth public service
6. A teacher
7. A member of the police force
8. A person appointed to take charge of the head or any branch office in the State of a bank or building society or credit union
9. A lawyer
10. A registered medical practitioner
11. A pharmacist
12. A member of the academic staff of an institution providing courses at post-secondary education level
13. A holder of a licence under the Real Estate and Business Agents Act 1978 or the Settlement Agents Act 1981
14. An insurance broker registered under the insurance (agents and Brokers) Act 1984 if the Commonwealth
15. A Justice of the Peace
16. A minister of religion (not a civil celebrant)
17. A member of either House of Parliament of the State or of the Commonwealth

The example format for certifying documents is as follows:

### CERTIFIED TRUE COPY OF ORIGINAL

Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Date: \_\_\_\_\_

