



Holy Spirit School

57 Brompton Road, City Beach WA 6015
Telephone: 08 9341 2551 Facsimile: 08 9341 4335
Email: admin@holyspirit.wa.edu.au

APPLICATION FOR EMPLOYMENT

POSITION:

Permanent &/or Temporary (Please circle)

Name:

Date:

Please forward this application, along with a covering letter and relevant attachments to the Principal by the closing date.

CONFIDENTIAL TO THE PRINCIPAL AND PANEL MEMBERS

1. PERSONAL INFORMATION

Surname

Christian Name

Religion

Home address

Telephone Home: _____ Mobile: _____

Present position

Name of school at which currently employed

School address

School telephone _____

Address for communication with respect to this application

2. REFEREES

(Names and addresses of persons who have consented to act as referees. The Principal of Holy Spirit School reserves the right to contact persons not nominated in this application)

2.1. Parish Priest

Name

Parish

Telephone

2.2. Current Employer

Name

Position

Telephone Home: _____

Mobile: _____

Business: _____

3. QUALIFICATIONS

3.1. Tertiary Education Qualifications (including those for Religious Education)

Years Attended	Institution	Qualifications	Major Area/s Study

3.2. Other Qualifications (including Religious Education qualifications)

Years Attended	Institution	Qualifications	Major Area/s Study

3.3. Relevant Personal Professional Development Give details of courses, conferences and seminars attended within the past three years that relate to the position.

3.4. Accreditation status within the Catholic Education System of WA

4. EXPERIENCE

Indicate in order, positions held, commencing with current or most recent. (Beginning teachers should list three most recent practice teaching experiences)

Total Full Years of Teaching Experience

School	Dates	Position Held	Full/Part Time (FTE)

5. OTHER RELEVANT INFORMATION

5.1. Membership or involvement in parish groups/organisations.

5.2. Membership of professional organisations.

5.3. Copy of statements of most recent academic record to be attached.

5.4. Copy of Registration Certificate – Western Australia College of Teaching.

DECLARATION

I declare that the information is complete and correct in every detail. I understand that deliberate inaccuracies or omissions may result in non-acceptance of this application and/or termination of employment.

Signed _____

Date _____

Please return your application, along with the appropriate documentation to:

***The Principal
Holy Spirit School
PO Box 10, Floreat Forum,
FLOREAT WA 6014***