



MATER DEI

# Mater Dei Application for Employment

**Please Note:** The information obtained on this form is used to assess your suitability for employment at Mater Dei. Please return the completed form with a copy of your current resume and relevant qualifications for your application to be considered.

## POSITION APPLIED FOR

\_\_\_\_\_

## WHERE DID YOU FIND OUT ABOUT THIS POSITION?

Website  Seek  Teachers.on.net  Facebook  LinkedIn  Word of Mouth

Other  (If so, please provide details) \_\_\_\_\_

## PERSONAL DETAILS

Title:  Mr  Mrs  Miss  Ms  Other

Name: \_\_\_\_\_ Gender:  M  F

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Are you an Australian Citizen?  Yes  No

If no, are you a permanent resident?  Yes  No

If no, do you hold a work visa?  Yes  No

Working with Children Number: WWC \_\_\_\_\_ Expiry date: \_\_\_\_\_

Drivers Licence Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry date: \_\_\_\_\_  Please attach a copy

Do you hold Current First Aid Qualifications?  Yes  No *If yes,  please attach a copy of Certificate*

Religion: \_\_\_\_\_

## ACCREDITATION (For Teachers Only)

NESA Registration Number: \_\_\_\_\_

Date your accreditation cycle expires: \_\_\_\_\_

NESA teacher classification attached: (📎 *attach copy*)  Yes  No

Evidence of maintenance hours and learning log attached?  Yes  No

📎 *Applicants must provide evidence of teacher accreditation maintenance hours and learning log*

Statement of Eligibility attached (*if requiring accreditation*)  Yes  No

Has your Accreditation ever been suspended for any reason?  Yes  No

If yes, please provide details: \_\_\_\_\_

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## HEALTH

Do you have a medical condition/disability which may prevent you from performing the role for which you have applied at Mater Dei?  Yes  No

If YES, please provide details: \_\_\_\_\_

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Have you had any previous worker's compensation claims?  Yes  No

If YES, please provide details: \_\_\_\_\_

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## CRIMINAL HISTORY

Do you have any convictions of a sex offence Nationally or Internationally?  Yes  No

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Do you have any convictions of other criminal offences within the last ten years?  Yes  No

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Do you have any convictions of Child sexual assault charges dealt with under Section 556A of the *NSW Crime Act 1990*?  Yes  No

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Do you have any convictions of Child sexual assault charges under other Acts?  Yes  No

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Are you the subject of any charges that have not been heard carrying a penalty of 12 months or more imprisonment?  Yes  No

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Have you had any previous employment or engagement Nationally or Internationally, in any capacity (paid or unpaid), terminated on the grounds or for any reasons that you engaged in any Reportable Conduct and/or sex offence or any misconduct that may involve Reportable Conduct and/or a sex offence?  Yes  No

**Reportable Conduct' means:**

- (i) any sexual offence, or sexual misconduct, committed against, with or in the presence of a child (including grooming of a child, child pornography offences or an offence involving child abuse material);
  - (ii) any assault, ill treatment or neglect of a child; or
  - (iii) any behaviour that causes psychological harm to a child, whether or not, in any case, with the consent of the child.
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Have you retired or resigned from any previous employment or engagement (paid or unpaid), Nationally or Internationally, following allegations that you engaged in any Reportable Conduct and/or sex offence or any misconduct that may involve Reportable Conduct and/or a sex offence?  Yes  No

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Are you currently the subject of an allegation/s Nationally or Internationally that you engaged in Reportable Conduct and/or sex offence or any misconduct that may involve Reportable Conduct and/or a sex offence?  Yes  No

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Have you ever been the subject of an allegation/s Nationally or Internationally that you engaged in Reportable Conduct and/or sex offence or any misconduct that may have involved Reportable Conduct and/or sex offence?  Yes  No

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Are you a Disqualified Person? (*For teachers Only*)  Yes  No

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Are you subject to any Assessment Requirement Triggers, where Assessment Requirement Triggers means an offence or finding of misconduct involving children, as defined in Schedule 1 of the WWC Act or any other relevant Act?  Yes  No

***The Commission for Children and Young People Act 1998 makes it an offence for a prohibited person (a person convicted of a serious sex offence, the murder of a child or a child-related personal violence offence, as well as a registrable person under the Child Protection (Offenders Registration) Act 2000) to apply for or otherwise attempt to obtain, undertake or remain in, child-related employment.***

## EMPLOYMENT HISTORY

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Main Responsibilities: \_\_\_\_\_

I give consent for Mater Dei to seek verbal or written information about me from this employer and authorise the information sought, to be released.

Yes  No

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Number of Years Employed: \_\_\_\_\_

Main Responsibilities: \_\_\_\_\_

I give consent for Mater Dei to seek verbal or written information about me from this employer and authorise the information sought, to be released.

Yes  No


## EDUCATION (Please attach copies of certificates, degree, etc)

Name of School/Institute/University	Years of Attendance	Certificate/Degree/Diploma obtained	Date of Attainment
<b>Secondary</b>			
<b>Tertiary</b>			

## OTHER QUALIFICATIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFEREES

**Note:** Beginning Teachers must identify their Practicum Supervisors as professional referees and also attach a copy of their final practicum report for consideration 

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: *eg. Personal or Professional* \_\_\_\_\_

If Professional, in what capacity: *eg. Direct Supervisor, Principal, Practicum Supervisor* \_\_\_\_\_

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: *eg. Personal or Professional* \_\_\_\_\_

If Professional, in what capacity: *eg. Direct Supervisor, Principal, Practicum Supervisor* .....

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: *eg. Personal or Professional* \_\_\_\_\_

If Professional, in what capacity: *eg. Direct Supervisor, Principal, Practicum Supervisor* \_\_\_\_\_

I give consent for Mater Dei to seek verbal or written information about me from these referees and authorise the information sought, to be released.

Yes  No

*I certify that the information in this application is true, to the best of my knowledge. I understand that I have a duty to disclose sufficient information to enable a prospective employer to make a properly informed decision about my employment.*

*I understand that if I am employed by Mater Dei and any statement I have made or information I have provided with this application form are found to be false within my knowledge, that I may be liable for immediate dismissal.*

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



Mater Dei is committed to providing a child safe environment where children and young people are safe and feel safe and their voices are heard about decisions that affect their lives.