

\$SSO\LQJ IRU HPS \PISQWXWHUL 26+& 6LWH
26+& 9DFDWLRQ 0H9DIFDWLRHQ FD 1MDPHYL

Section 1: EMPLOYEE DETAILS

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
1RUPHU DPH V LI DSSOLFDEOH	* HQG <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
(PDLO 3HUVRQDO		

3RVWDO \$GGUHV
LI GLIIHUhQW IURP DERYH

Are you of
(please tick): \$ERULJLQDO 2ULJLQ 7RUUHV 6WUDLW ,VODQGHU ZULJLQ
 \$ERULJLQDO DQG 7RUUHV 6WUDLW ,VODQGHU 2ULJLQ

Resident Status
(please tick): 3HUPDQHQW 1RQ 3HUPDQHQW 5HVLGHQF\ 3URYLGH FRSY
& RXQWU\ RI /DQJXDJHV RWKHU
2ULJLQ WKDQ (QJOLVK VSRNHQ

Section 2: QUALIFICATION DETAILS DWWDWK GRFXPHQWV

)LUVWUDLQIZQJ & HUWLZFDWH	, QVWLWXWLRQ
<input type="text"/>	<input type="text"/>
4XDOLZFDWLRQ	, QVWLWXWLRQ
<input type="text"/>	<input type="text"/>
4XDOLZFDWLRQ	, QVWLWXWLRQ
<input type="text"/>	<input type="text"/>

\$OO (PSORHHV DQG 9ROXQWHU

'HSUWPHQW RI +XPDK 6HULFHV ± :R:NLQZLWKRK\$QWVHQ FHGSNU\ 'D
\$XVWUDOLDQ 7HDFKHU 5HJLVWUDWLRQ & HUWLILFDWH

& RS\ \$WWI <input type="checkbox"/> KHGSNU\ 'D
<input type="text"/>
& RS\ \$WWI <input type="checkbox"/> KHGSNU\ 'D
<input type="text"/>

MEDICAL AND/OR DISABILITY:

KHIROORZQJMVWLRQLVBLQH\RDVVLVWLQHQV\QHUHWWRSHIRUPWKH\LVHVRWKHUROHRKDYHDSSOI.H\RLQ DVFHUWDLQLQJ LI DQ\ UHDVRQDEOH ZRUNSODFH DGMXVWPHQWV DUH UHTXLUGH UROH DQG WR DVVLVW WKH &URZQ DQG UHVSRRQVLEOH RI ;FRHWNV +RH DOVKHK &URGZ @ D \$ FW

7KLV TXHVWLRQ LV DOVR LPSRUWDQW WR DVVLVW SXEOLF VHFWRU DJHQFLHV W 'R \RX FXUUHQWO\ KDYH DQ\ PHGLFDO FRQGLWLRQ RU GLVDELOLW\ LQFOXGLVDELOLW\ ZKLFK PLJKW SUHYHQW RU LPSHGH SHUIRUP DQ\ GXWLHV RU IXQFWLRQV WKDW PLJKV UROH IRU ZKLFK \RX KDYH DSSOLHG"

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
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Please Note: If yes or unsure, please provide details (include details of any medications/ assistance/ adjustments that may reasonably be required so that you can perform the inherent requirements of the role):

Please note: you may be required to participate in a medical and/or functional capacity assessment (at your own cost) in order to assist in assessing your suitability to be offered employment in the role and Out of School Hours Care (OSHC) / Vacation care service. If you do not agree to participate, you will not be further considered to receive an offer of employment

CRIMINAL HISTORY:

HSDUWPHQWIRU(SDWLRQVFKRROVDUH\BUVLQILFDQWHWKLFDOREOLDWLRQV,QDVFHVVLQ\HWKHULWLDSSURSLHPSOR\PI\StQHc Hours Care (OSHC) / Vacation care service LW LV LPSRUWDQW WR FRQVLGHU \RZLWK WKHVF HWKLFDO REOIDQGW\\$RIQRU\IRXQGFXFDMU D7FKHHIUR OORZLQJ TXHVWLRQV DVXLWDELOLW\ WR EH RII\H\BfSch\h\BfB\w\BfC\h\Bf(O\SHC)Q\h\BfK\h\Bf care service

+DYH \RX HYHU EHHQ LQYHVWLJDWHG RU IRXQG JXLOW\ H[DWDWLRQ" DQ\ WUDI;F RIIHQFHV QRW UHVROYHG E\ H[SLDWLRQ" +DYH \RX HYHU EHHQ WKH VXEMHFW RI DOOHJDWLRQV RI 3HUVRQ XQGHU \HDUV RI DJH WKDW LI SURYHQ ZRXO FRQGXFW RU ZRXOG KDYH FRQVWLWXWHG PLVFRQGXFW \\$UH \RX FXUUHQWO\ IDFLQJ FULPLQDO FKDUJHV \HW WR

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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\RX W XQWHG R\PHQW

+DYH \RX HYHU EHHQ LQYHVWLJDWHG RU IRXQG JXLOW\ H[DWDWLRQ" DQ\ WUDI;F RIIHQFHV QRW UHVROYHG E\ H[SLDWLRQ" +DYH \RX HYHU EHHQ WKH VXEMHFW RI DOOHJDWLRQV RI 3HUVRQ XQGHU \HDUV RI DJH WKDW LI SURYHQ ZRXO FRQGXFW RU ZRXOG KDYH FRQVWLWXWHG PLVFRQGXFW \\$UH \RX FXUUHQWO\ IDFLQJ FULPLQDO FKDUJHV \HW WR

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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\RX W XQWHG R\PHQW

+DYH \RX HYHU EHHQ LQYHVWLJDWHG RU IRXQG JXLOW\ H[DWDWLRQ" DQ\ WUDI;F RIIHQFHV QRW UHVROYHG E\ H[SLDWLRQ" +DYH \RX HYHU EHHQ WKH VXEMHFW RI DOOHJDWLRQV RI 3HUVRQ XQGHU \HDUV RI DJH WKDW LI SURYHQ ZRXO FRQGXFW RU ZRXOG KDYH FRQVWLWXWHG PLVFRQGXFW \\$UH \RX FXUUHQWO\ IDFLQJ FULPLQDO FKDUJHV \HW WR

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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3OHDVH JLYH IXUWKHU LQIRUPDWLRQ LI µ<HV\ KDV EHHQ WL

E800C00A00FrRRaME 5112 Tc 51004769 308185 23B g4720C0000A00FrRRaM4RYe

6HOHFWLRQ SDQHOV DUH UHTXLUHG WR FOHDU QRPLQDWG DSSOLFDQWV WKURXJK WKH 'H
+50 V\VSHRYLQJ WKH IROQRDLOJKG HVGDQW HPSOR\PHQW &RPSOLDQFH 5HTXHVW

1RPLQDWG DSSOLFDQW¶V

P IXOO OHJDO QDPH

P DQ\ NQRZQ SUHYLRXV QDPHV

P GDWH RI ELUWK

2XW RI 6FKRRO +RXUV &DUH 26+& 9DFDWLRQ FDUH VHUYLFH HPSOR\HH RULJLQDO UHFR

& R Q I L U PDSASLORLQF D Q W DFOOH \ U \D\K\B\K HEFNHRH ILVRB MOK+5UH HPSO R\PPHSQNL\HQTFXH VW