



Confidential to the Principal and relevant senior staff

Application for the position of

Religious Education Teacher

(Part-time, Term 2 only)

Name: _____

1. Please fill in **ALL** sections of this form, even if you wish to attach a Curriculum Vitae.
2. Your covering letter should explain your reasons for applying for this position **AND** any other relevant information you may wish to include.
3. Please attach this Application Form to your letter of application and forward to the Principal's Personal Assistant at your earliest convenience. Emailed applications to employment@lasalle.wa.edu.au All queries should be directed to the Principal's Personal Assistant on 9449 0665.
4. The Principal reserves the right to seek information from people not listed in your application, unless specifically requested not to do so.
5. Applicants will be expected to uphold the Catholic ethos of the College.
6. **In accordance with regulations for employee screening it is necessary for all new teaching staff in Catholic schools to be a member of the Teacher Registration Board of Western Australia before commencing their duties. New staff must also have a Working With Children Card.**
7. All teachers must obtain an Accreditation to Teach in a Catholic school.
8. In applying for this position you will be providing La Salle College with personal information. We can be contacted at 5 La Salle Avenue, MIDDLE SWAN or PO Box 1674 MIDLAND WA 6936 by telephone: 9449 0601 or fax: 9274 4085.
9. If you provide us with personal information, for example your name and address or information contained on your resume, we will collect the information in order to assess your application. By submitting this application you agree that we may store this information for as long as necessary.
10. You may seek access to the personal information that we hold about you if you are unsuccessful for the position. However, there may be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others.
11. We will not disclose this information to a third party without your consent.
12. If you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to the College and why, that they can access that information if they wish, that the College does not usually disclose the information to third parties and that we may store their information for as long as necessary.



1. **Name:** _____
(Surname) (Christian Name) (Title)

Address: _____

_____ **Postcode:** _____ **Home Phone:** _____

Mobile: _____

Business Address: _____

_____ **Postcode:** _____ **Work Phone:** _____

Email: _____

Date of Birth: _____

2. **Religion:** _____ **Parish:** _____ **Priest/Minister:** _____

3. **Health:** _____

4. **SECONDARY EDUCATION QUALIFICATIONS**

Qualifications	School	Year Awarded

5. **TERTIARY EDUCATION QUALIFICATIONS** (Attach photocopies, NOT originals of degrees certificates, results statements, etc.)

Qualifications	Institution	Year Awarded	Full Time Study Equivalent

Major Learning Area		Minor Learning Area	
Subjects	No. of Units	Subjects	No. of Units



6. **ACCREDITATION IN A CATHOLIC SCHOOL**

Please list accreditation information.

Accreditation

7. **TEACHING EXPERIENCE**

Please list all previous teaching appointments commencing with the most recent.

School	Year appointed	No. of years in school	Full-time or Part-time <small>(List Part-time FTE)</small>	Subject/Courses taught	Year Level

8. **GENERAL TEACHING PREFERENCE**

Please list subjects and year levels in order of preference.

Subject/Course	Year Level
1.	
2.	
3.	
4.	
5.	



9. **REFEREES** (Attach photocopies of testimonials or references if you wish)

Professional:

Name: _____

Position: _____

Address: _____

_____ Postcode: _____ Telephone: _____

Mobile: _____

Professional:

Name: _____

Position: _____

Address: _____

_____ Postcode: _____ Telephone: _____

Mobile: _____

Current Principal:

Name: _____

Position: _____

Address: _____

_____ Postcode: _____ Telephone: _____

Mobile: _____

10. **ATTACHMENTS** (Please attach the following to this application):

TRBWA No.: _____ Copy attached: Yes

Working With Children Card No.: _____ Copy attached: Yes

Academic Transcripts: _____ Copy attached: Yes

I certify that all the information provided is true and accurate.

Signature of Applicant: _____ **Date:** _____