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| **S:\Shared\CSO\Photos and Images\LOGOS\CSO Logos\Square and banner logos\square\cso logo square.jpg** | **Application for a****General Employee Position** | **Catholic Schools Office****2 / 131 Barney Street****PO Box 636****ARMIDALE NSW 2350****Phone (02) 6772 7388** |

**INSTRUCTIONS & APPLICANT CHECKLIST**

* You must complete **ALL** Sections in this application form; partially completed applications and/or applications without full supporting documents will **NOT** be processed.
* Do not staple or double sided print your application and supporting documents as these documents are scanned.
* Access to the internet will be required to read additional information.
* If insufficient room has been provided, please attach additional sheets of paper.
* Supporting documents required to complete this application. You are required to submit originals (which will be returned) or photocopies which have been verified as true copies of the original by one the following:
* An authorised representative of the Catholic Schools Office, Armidale, or
* A Principal of an Armidale Diocesan School, or
* A Justice of the Peace.

|  |
| --- |
| **QUALIFICATIONS** |
| [ ]  Degrees, Diplomas or Certificates including First-Aid Certificate (*if applicable*)  |

|  |
| --- |
| **IDENTIFICATION DOCUMENTS** |
| 70 Points  | [ ]  | Current passport **OR** full birth certificate **OR**  Citizen Certificate **OR** International Passport |
| ***Only one document from the 70 point list can used.*** |
| 40 points | [ ] [ ]  | Current driver photo licence issued by an Australian state or territoryIdentification card issued to a student at a tertiary education institution |
| ***The first item used from this list is worth 40 points, any additional items used are worth only 25 points each*** |
| 35 Points | [ ] [ ] [ ]  | A mortgage or other instrument of security held by a financial bodyCouncil rates noticeLand Titles Office record |
| 25 Points | [ ]  | \*Current credit card or account card from a bank, building society or credit union |
| [ ]  | \*Current telephone, water, gas or electricity bill |
| [ ]  | Foreign driver's licence |
| [ ]  | Medicare Card |
| [ ]  | Lease/rent agreement **OR** rent receipt from a licensed real estate agent |
| ***\* If you wish to use more than one of these documents they must be from different organisations.*** |

|  |
| --- |
| **ADDITIONAL IDENTIFICATION REQUIREMENTS**  |
| [ ]  Marriage Certificate or Change of Name Certificate (if any documents are submitted in a previous name) [ ]  Evidence of residency status e.g.: naturalisation certificate (if applicable) [ ]  For non-residents – a certified copy of your passport must be supplied |

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| **S:\Shared\CSO\Photos and Images\LOGOS\CSO Logos\Square and banner logos\square\cso logo square.jpg** | **Application for a****General Employee Position** | **Catholic Schools Office****2 / 131 Barney Street****PO Box 636****ARMIDALE NSW 2350****Phone (02) 6772 7388** |

**SECTION 1: APPLICATION *(Choose one only)***

This application is for;

|  |  |  |
| --- | --- | --- |
| [ ]  an advertised position | Position Title: |  |
| School Name & Town: |  |
| **Forward this application to the address given in the advertisement or information package** |

|  |
| --- |
| [ ]  general employment opportunities (casual employment) |
| **Post this application to:** | Personnel OfficerCatholic Schools OfficePO Box 636ARMIDALE NSW 2350 | **Or email to:** **jobs@arm.catholic.edu.au** |

**SECTION 2: PERSONAL DETAILS**

|  |  |
| --- | --- |
| Title (Mr Mrs Ms Miss Dr):       | **Previous Names *(please list all)*:** |
| Surname:       | Surname/s:       |
| First Name:       | First Name/s:       |
| Middle Name/s:       | Middle name/s:       |
| Religion:       | Gender: [ ]  Male [ ]  Female |
| Residential Address:                  | Marital Status:       |
| Postal Address:            |
| Email:       | Phone:       |
| Date of Birth:       | Mobile:       |
| Place of Birth:      (City, State, Country)             | Australian Resident: [ ]  Yes [ ]  No |
| If NO, Visa Status:       |
| Country of Citizenship:       |
| **Are you of Aboriginal or Torres Strat Islander origin?**[ ]  No [ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Both Aboriginal & Torres Strait Islander |

**SECTION 3: LOCATION**

**GEOGRAPHIC LOCATION/S PREFERRED** (Please number if more than one location is preferred)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|       | Armidale |  |       | Barraba |  |       | Boggabri |  |       | Glen Innes |  |       | Gunnedah |
|       | Guyra |  |       | Inverell |  |       | Manilla |  |       | Moree |  |       | Mungindi |
|       | Narrabri |  |       | Quirindi |  |       | Tamworth |  |       | Tenterfield |  |       | Uralla |
|       | Walcha |  |       | Walgett |  |       | Warialda |  |       | Wee Waa |  |  |  |

**SECTION 4: ACCREDITATION LEVEL TO WORK IN A CATHOLIC SCHOOL**

|  |  |
| --- | --- |
| Do you have current Category A - Accreditation to Work in a Catholic School with the Armidale Diocese or any other Catholic Diocese? | [ ]  Yes (please provide a copy) [ ]  No |
|  |  |
| If you do not have Category A - Accreditation to Work in a Catholic School, and you are employed you will be required to meet the requirements of the *Bishop’s Commission for Catholic Schools - Framework for the Accreditation of Staff* accessible from the CSO website. |

**SECTION 5: WORKING WITH CHILDREN CHECK NUMBER**

For employment that involves child-related work you must fulfil **NSW child protection requirements and be cleared for child-related work**. You can apply for the new WWCC here: [www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check](http://www.kidsguardian.nsw.gov.au/working-with-children/working-with-children-check) **Please provide either your WWC number or APP number**

|  |  |  |  |
| --- | --- | --- | --- |
| **WWC**       | **Expiry Date:**       |  | **APP**       |

**SECTION 6: EDUCATION & TRAINING**

**SECONDARY EDUCATION**

|  |  |
| --- | --- |
| Highest qualification:       | Year taken:       |
| School:       |

**RELEVANT TRAINING / COURSES / QUALIFICATIONS**

|  |  |  |  |
| --- | --- | --- | --- |
| Institution | Years Attended | Qualification / Course | Date Awarded |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

**SECTION 7: FULL EMPLOYMENT RECORD**

You must include a **full employment history** including any employment gaps and provide reason for the gap/s (eg; unemployment, travelling overseas, child rearing etc) from the most recent to the date of your first employment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Occupation/Position** | **Employer** | **From****DD/MM/YY** | **To****DD/MM/YY** | **Reason for Leaving** |
| ***Examples:*** |  |  |  |  |
| *Administration Officer* | *Catholic Schools Office, Armidale, NSW* | *1/6/14* | *28/6/15* | *To undertake study at UNE* |
| *Full-time Student – Bachelor* *of Teaching* | *UNE* | *29/6/15* | *Present* |  |
|                 |                 |                 |                 |                 |
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**SECTION 8: NOMINATED REFEREES**

It is the policy of the CSO for applicants to provide the names and contact details of at least three referees**,** one of whom should be a Parish Priest or Pastor and your most recent employer. **Please note that the Catholic Schools Office reserves the right to contact any previous employer other than the referees nominated below.**

|  |
| --- |
| *MOST RECENT PRINCIPAL or EMPLOYER* |
| Name:       | Position:       |
| Organisation:       |
| Phone:       | Mobile:       |
| Email:       |

|  |
| --- |
| *PARISH PRIEST or MINISTER or ANOTHER SIGNIFICANT PERSON* |
| Name:       | Position:       |
| Organisation:       |
| Phone:       | Mobile:       |
| Email:       |

|  |
| --- |
| *OTHER PROFESSIONAL REFEREE* |
| Name:       | Position:       |
| Organisation:       |
| Phone:       | Mobile:       |
| Email:       |

**SECTION 9: BACKGROUND CHECKING (All questions must be answered to consider your application)**

You are applying for child-related employment and there is a range of background checking requirements. Prohibited persons are not eligible to apply.

|  |  |  |
| --- | --- | --- |
|  | Have you ever been barred from child related work? | [ ]  Yes [ ]  No |
|  | If yes, please provide details.                      |
|  |  |  |
|  | Have you ever been convicted of an offence that would **bar** you from child related work? | [ ]  Yes [ ]  No |
|  | *Specified in Schedule 2 of the Child Protection (Working With Children) Act 2012, available on Fact Sheet 13 Disqualifying offences (Schedule 2) at* [*http://www.kidsguardian.nsw.gov.au/Working-with-children/Working-With-Children-Check/Resources*](http://www.kidsguardian.nsw.gov.au/Working-with-children/Working-With-Children-Check/Resources) |
|  | If yes, please provide details.                      |
|  |  |  |
|  | Are you currently subject to any criminal proceedings that if proven would **bar** you from child related work?  | [ ]  Yes [ ]  No |
|  | If yes, please provide brief details.                      |
|  |  |  |
|  | Have you **ever worked in NSW**?**If you answered yes**, have you ever been subject to an allegation of ‘reportable conduct’ (sexual offence/misconduct, assault, ill treatment, neglect or psychological harm of a child)?  | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
|  | If yes, please provide brief details.                      |
|  |  |
|  | Have you **ever been or worked outside of NSW**?**If you answered yes**, have you ever been the subject of a serious allegations regarding harm to a child that resulted in notification to a statutory authority under the local child protection legislation? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
|  | If yes, please provide brief details.                      |
|  |  |  |
|  | Are you aware of any reason or concern, held by another person, which may make you unsuitable to work in child related employment? | [ ]  Yes [ ]  No |
|  | If yes, please provide brief details.                      |
|  |  |  |
|  | Have you ever been the subject of an Apprehended Violence Order (AVO) that was made for the purpose of protecting a child or young person from harm? | [ ]  Yes [ ]  No |
|  | If yes, please provide brief details.                      |
|  |  |
|  | Have you ever been convicted of any criminal offence?  | [ ]  Yes [ ]  No |
|  | If yes, please provide brief details, including dates.                       |
|  |  |  |
|  | Have you ever been the subject of an allegation of workplace misconduct that was the subject of an investigation? | [ ]  Yes [ ]  No |
|  | If yes, please provide brief details, including dates.                       |
|  |  |
|  | During the last 5 years have you ever been the subject of formal performance management and/or disciplinary proceedings (or any action that might lead to such proceeding) in relation to your employment?  | [ ]  Yes [ ]  No |
|  | If yes, please provide brief details.                      |
|  |  |  |
|  | As a result of such proceedings in Question 10 **OR** for any other reason, have you ever been suspended, dismissed or asked to resign from your position?  | [ ]  Yes [ ]  No |
|  | If yes, please provide brief details.                      |
|  |  |
|  | Do you have any illness, injury, chronic condition, psychological/emotional condition, or requirement for regular medication that may impact on your capacity to carry out the full requirements of the position for which you are applying, or that may be aggravated or worsened by the duties of the position? | [ ]  Yes [ ]  No |
|  | If yes, please provide details.                      |
|  |  |  |
|  | Have you in the last 3 years had 10 or more consecutive days leave for sickness that may be relevant when considering your application?  | [ ]  Yes [ ]  No |
|  | If yes, please provide details, including dates.                      |
|  |  |  |
|  | Do you have any significant vision, voice or hearing loss or impairment that may impact on your capacity to carry out the full requirements of the position for which you are applying, or that may be aggravated or worsened by the duties of the position?  | [ ]  Yes [ ]  No |
|  | If yes, please provide details, including dates.                      |
|  |  |
|  | Have you ever been a recipient of workers’ compensation payments or benefits (wages, medical expenses or injury lump sum compensation?  | [ ]  Yes [ ]  No |
|  | If yes, please provide details, including date of injury, type of injury, time off work, restrictions/limitations due to injury, employer etc.                      |
|  |  |  |
|  | Have you ever been rejected or deferred as medically unfit for employment or medically retired from employment?  | [ ]  Yes [ ]  No |
|  | If yes, please provide details, including dates.                      |
|  |  |
|  | Is there any other information regarding your health history that may need to be known when considering your application for employment?  | [ ]  Yes [ ]  No |
|  | If yes, please provide details.                      |

**SECTION 10: DECLARATION BY APPLICANT (you must print this application form to sign and date this section)**

Employment in a system of schools is child-related employment. By submitting this application, I am agreeing that there is no reason for the employer to believe I am not suitable to work in child related employment. If any information not disclosed in this application is brought to the attention of the employer, my application may be reviewed and/or employment may be terminated.

In addition, I certify that the information provided in this application form is complete and correct in every detail, and I understand that deliberate inaccuracies or omissions may result in non-acceptance of my application and/or termination of employment.

I understand that if further medical information is required I may be asked to give written authorisation for the Catholic Schools Office Diocese of Armidale to seek relevant medical information. I acknowledge that any willful suppression or inaccuracies may result in non-acceptance of this application and/or termination of employment.

I am aware that I may be required to undergo a medical examination by a practitioner nominated by the employer prior to being offered employment. If this is requested and it is determined that I do not meet the requirements of the position on medical grounds, then the appointment may not proceed.

I am aware that failure to provide all requested information in this application may result in delays in determining my pay and that the employer is unable to finalise my application until the Working with Children Check clearance is received.

I understand that the Catholic Schools Office reserves the right to contact any previous employer other than the nominated referees provided.

I certify the accuracy of the information provided with this application. I have no objections to any past or current referees being required to furnish a confidential report on my performance. I am aware that background checking processes will be conducted and the existence of a criminal record or other relevant record may affect my employment prospects.

I agree to the Catholic Schools Office communicating with me by email or other electronic means and am responsible for keeping the Catholic Schools Office updated on any change of email address, phone number/s and/or residential/postal address.

I declare that the information contained in this application and any other documents(s) provided in support of it is true and correct in every respect.

I acknowledge that I have read the documents listed below. I agree to support the philosophy, policies, practices and procedures of

the Diocese of Armidale.

* Employment Collection Notice
* Bishop’s Commission for Catholic Schools – Framework for the Accreditation of Staff in Catholic Schools
* Code for Professional Conduct in the Protection of Children and Young People
* Fair Work Information Sheet

All of the above documents are available on the CSO website <http://arm.catholic.edu.au/employment/support-staff-application/>

|  |  |
| --- | --- |
| **Applicant’s Name:** |       |
| **Applicant’s Signature:** |  |
| **Date:** |       |