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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**  **CSO Position** | **Catholic Schools Office**  2/131 Barney Street  PO Box 636  ARMIDALE NSW 2350  Phone (02) 6772 7388  Email [jobs@arm.catholic.edu.au](mailto:jobs@arm.catholic.edu.au) |

**SECTION 1: APPLICATION**

|  |  |
| --- | --- |
| Position you are applying for: |  |
| **Forward this application to the Personnel Officer at the above address or email.** | |

**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: | Marital Status: |
| Residential Address: | 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: WORKING WITH CHILDREN CHECK NUMBER**

For employment that involves child-related work you must fulfil **NSW child protection requirements and be cleared**.

|  |  |  |
| --- | --- | --- |
| **WWC**  **Expiry Date:** | **or** | I do not currently hold a Working with Children Check Clearance, but I am aware that any offer of employment is conditional upon the completion of the working with children background check process and a satisfactory assessment. |

**SECTION 4: EDUCATION & TRAINING**

**TERTIARY EDUCATION**

|  |  |  |
| --- | --- | --- |
| **Institution** | **Years Attended** | **Award Conferred** |
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**ANY OTHER RELEVANT TRAINING / COURSES / QUALIFICATIONS**

|  |  |  |
| --- | --- | --- |
| **Institution** | **Years Attended** | **Qualification Gained** |
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**SECTION 5: EMPLOYMENT HISTORY**

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| --- | --- | --- | --- |
| **Occupation/Position** | **Employer** | **From**  **DD / MM / YY** | **To**  **DD / MM / YY** |
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**SECTION 6: 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 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 EMPLOYER or PRINCIPAL*** | |
| Name: | Position: |
| Organisation: | |
| Phone: | Email: |

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

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

**SECTION 7: 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.

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| --- | --- | --- |
|  | 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, *Specified in Schedule 2 of the Child Protection (Working With Children) Act 2012, available on* | Yes  No |
|  | *Fact Sheet 13* ***Disqualifying offences (Schedule 2)***  [*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. | |
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|  | 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. | |
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|  | 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. | |
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|  | 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 worker’s compensation payments or benefits (wages, medical expenses or injury lump sum compensation? | Yes  No |
|  | If yes, please provide the *date of the injury; type of injury; details of any lost time; name of employer; any restrictions due to injury*. | |
|  |  |  |
|  | 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 8: DECLARATION BY APPLICANT**

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 am aware that any offer of employment is conditional upon the completion of the working with children background check process and a satisfactory assessment.

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 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 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 agree to support the philosophy, policies, practices and procedures of the Diocese of Armidale.

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| **🖉** | Applicant signature: |  | Date: |  |