



**PERSONAL DETAILS (PLEASE ENSURE YOUR FULL NAME AND DOB IS INCLUDED)**

Title (Miss, Ms, Mrs, Mr, Dr)  Date of Birth:

Surname:  Given Name:

Residential Address:

Suburb:  Post Code:

Email:

Contact Number:

Religious Affiliation:  Parish (of Worship):

**POSITION FOR WHICH APPLICATION IS MADE**

Advertised Position:

**CURRENT CERTIFICATIONS (AS APPLICABLE)**

Responding to Abuse & Neglect	<input type="checkbox"/>	Expiry Date:	<input type="text"/>
Provide First Aid or Senior First Aid	<input type="checkbox"/>	Expiry Date:	<input type="text"/>
Working with Children / DSCI Clearance	<input type="checkbox"/>	Expiry Date:	<input type="text"/>
Teachers Registration	<input type="checkbox"/>	Expiry Date:	<input type="text"/>

**PERSONAL EDUCATION HISTORY**

Tertiary Qualification/s:

Qualification Title:

Name of Institution:

End Date:

Tertiary Qualification/s:




Qualification Title:

Name of Institution:

End Date:

**APPLICATION REQUIREMENTS**

Please ensure you attach the following to this Application for Employment:

-  Cover Letter
-  Resume
-  Completed Declaration Form

# Christian Brothers College



To be considered for employment in any capacity in CESA, you must complete all parts of this Declaration, including by providing additional, supporting information and documentation where a "Yes" response has been recorded. You will not be considered for employment unless you complete the Declaration and provide comprehensive and complete information as necessary.

If you have any questions about the Declaration, please contact Human Resources – [employment@cbc.sa.edu.au](mailto:employment@cbc.sa.edu.au)

Dr / Mr / Mrs / Ms / Other \_\_\_\_\_ **SURNAME:** \_\_\_\_\_

**GIVEN NAMES:** \_\_\_\_\_

**FORMER NAMES:** \_\_\_\_\_ *please ensure your FULL name is included*

**DATE OF BIRTH:** (optional) \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **P/Code:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Please tick the statement that best describes your working rights in Australia:**

<input type="checkbox"/> Australian/NZ Citizen	<input type="checkbox"/> Permanent Australian Resident
<input type="checkbox"/> VISA with working rights (please provide a copy)	<input type="checkbox"/> Other (please specify): _____

Teacher Registration No. (if applicable): \_\_\_\_\_

You must provide the **ORIGINAL TRB** issued teacher registration certificate (if applicable) and evidence of a valid, current DHS issued **Working With Children Check** for sighting at your work location.

**POSITION FOR WHICH APPLICATION IS MADE:** \_\_\_\_\_

**Please respond to the questions below and sign the Declaration at the end of this form:**

- |  |     |    |     |
|--|-----|----|-----|
| 1. Have you ever been investigated, charged, arrested, reported for or pleaded or found guilty of any criminal offence? (Tick 'No' where an expiation notice only was received)  | Yes | No |     |
| 2. Have you ever received a written counselling or warning or been dismissed or resigned following allegations of improper or unprofessional conduct or unsatisfactory work performance?   | Yes | No |     |
| 3. Are you currently the subject of an investigation or process being undertaken by your employer, a regulator/registrar or police?  | Yes | No |     |
| 4. (a) Have you ever been the subject of adverse findings in the course of an investigation or any other process relating to alleged unsatisfactory performance or misconduct by you as an employee?   | Yes | No |     |
| (b) If no to question 4 (a), did you resign during the course of a process/investigation and prior to any findings being made?   | Yes | No | N/A |
| 5. (a) Have you ever been the subject of adverse findings relating to allegations of misconduct by you including of a sexual nature towards or in relation to a child (person under 18 years of age) or towards any other person to whom you were responsible for providing education or other services? | Yes | No |     |
| (b) If no to question 5 (a), did you resign during the course of a process/investigation and prior to any findings being made?   | Yes | No | N/A |
| 6. Our process includes asking referees whether there are any child protection concerns in your regard. Do you foresee any problem arising from this process?  | Yes | No |     |
| 7. (If applicable) Do you have conditions on your SA teacher registration?   | Yes | No | N/A |

**Please note:** If you answer YES to any of the above questions, you are required to provide comprehensive supporting details, including relevant documentation in order to be considered for employment. (Please attach as separate sheets.)

If you choose not to answer one or more of the above questions, please indicate by ticking the box below that you wish to meet with the Principal/Director (or delegate) to discuss.

I have opted not to answer one or more of the above questions and ask that a meeting be arranged with the **Principal /Director** (or their delegates)

**Please note:** If you wish a meeting to be arranged you must submit your application at least one week prior to the closing date.

## Further information and ongoing requirements

Evidence of a criminal history that may be unrelated to any risk of harm to children will not automatically preclude a person from being or remaining employed.

The requirement for full and honest disclosure is a condition of initial and ongoing engagement. In signing this form you declare that you are a fit and proper person of good character, and if you are successful in your application, you will notify the **Principal / Director** should there be a relevant change in your circumstances; for example, criminal charges and convictions, restraining orders, intervention orders, injunctions, disciplinary proceedings and investigations.

If you are charged with, convicted of, or granted bail in relation to a sexual offence against a child you are required to inform the **Principal / Director** immediately and if you are accused, convicted or granted bail you will need to immediately cease providing services to CESA.

## Declaration

I understand that any false or misleading information I provide will result in me not being considered for employment or may result in the termination of my employment. I declare that I have answered this Employment Declaration Form truthfully.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE:

Principal / Director signature: \_\_\_\_\_ Date: \_\_\_\_\_