St Marcellin

CATHOLIC COLLEGE

TEACHER APPLICATION FORM

NAME OF APPLICANT:

APPLICATION FOR THE POSITION OF:

Please complete this form and submit it as part of your application to St Marcellin Catholic College.

PERSONAL DETAILS

Name	
Address	
Phone	
Email	
Current Position	
Current Employer	
Religious Denomination	
Parish	

Qualifications

Teachers Registration Board of Western Australia (TRBWA)

Number	
Expiry Date	

Working with Children Check

Number	
Expiry Date	

Educational Qualifications

Year Obtained	Institution	Qualification	Major Area(s) / Study

Other Educational, Professional or Technical Qualifications

Year Obtained	Institution	Qualification	Major Area(s) / Study

Accreditation

Year Obtained	Accreditation Type & Number	Renewal Date

Year Obtained	Accreditation Type & Number	Renewal Date

Relevant Personal Professional Development

Please list any relevant professional development.

Date	Course / Activity

Extracurricular

All teaching staff at St Marcellin Catholic College are expected to be involved in the extracurricular life of the school. Please specify any particular expertise or interest you may have in these activities.

Extracurricular Interests / Expertise

Professional Associations

List any professional associations of which you are a member.

Organisation Name	Role (if applicable)	Date of Membership

Teaching Experience

Indicate, in order, positions held, commencing with current or most recent.

Employer	Dates	Position Held	FTE

REFEREES

Names and contact details of persons who have consented to act as referees. The Principal reserves the right to speak to persons not nominated by the applicant regarding professional background.

One of these persons must be your current employer.

Parish Priest (if applicable)

Name	
Parish	
Phone	
Email	

Current Employer

Name	
Position	
School	
Phone	
Email	

Professional Reference 1

Name	
Position	
School	
Phone	
Email	

Professional Reference 2

Name	
Position	
School	
Phone	
Email	

(Please provide two professional references.)