

Please return this form to:
employment@queenwood.nsw.edu.au



Application for Employment (Teaching)

Thank you for your interest
in Queenwood School.
We look forward to receiving
your application.

Please complete a cover letter, CV and this
form, save as a PDF and send to
employment@queenwood.nsw.edu.au

This form must be part of your application as incomplete
applications will not be considered.

For permanent and temporary appointments, this
application should be supported by a letter addressing
the criteria/position requirements.

1. Position

POSITION OF

PRIMARY

PERMANENT

FULL-TIME

PART-TIME

SECONDARY

TEMPORARY

CASUAL

HOW DID YOU HEAR ABOUT THE POSITION?

SEEK

WORD OF MOUTH

IB SCHOOLS AUSTRALASIA

LINKEDIN

REFERRAL

OTHER Please specify

2. Personal details

TITLE (Mr, Mrs, Ms, Miss, Dr)	GIVEN NAMES		
SURNAME	FORMER NAMES If applicable		
DATE OF BIRTH / /	EMAIL		
RESIDENTIAL ADDRESS			
SUBURB	STATE	POSTCODE	
ADDRESS FOR CORRESPONDENCE If different from residential			
SUBURB	STATE	POSTCODE	
HOME PHONE	MOBILE PHONE		
COUNTRY OF CITIZENSHIP	AUSTRALIAN RESIDENCY	YES	NO

3. Education

TERTIARY EDUCATION Including current incomplete courses:

NAME AND LOCATION OF INSTITUTION			
AWARD	YEARS OF ATTENDANCE	GRADUATION DATE / /	
NAME AND LOCATION OF INSTITUTION			
AWARD	YEARS OF ATTENDANCE	GRADUATION DATE / /	
NAME AND LOCATION OF INSTITUTION			
AWARD	YEARS OF ATTENDANCE	GRADUATION DATE / /	
NAME AND LOCATION OF INSTITUTION			
AWARD	YEARS OF ATTENDANCE	GRADUATION DATE / /	

TEACHING QUALIFICATION I am qualified to teach:

INFANTS

PRIMARY

SECONDARY

TEACHING SUBJECTS:

SUBJECT 1

SUBJECT 2

SUBJECT 3

SUBJECT 4

SUBJECT 5

4. Employment History

PRESENT EMPLOYMENT:

NAME OF SCHOOL/PLACE OF EMPLOYMENT		NAME OF PRINCIPAL/EMPLOYER	
ADDRESS OF SCHOOL/PLACE OF EMPLOYMENT			
SUBURB		STATE	POSTCODE
CURRENT POSITION		STARTING DATE / /	
OTHER POSITION(S) HELD WITH PRESENT EMPLOYER			

CASUAL PART-TIME FULL TIME

PAST EMPLOYMENT In reverse order from most recent employer:

1. EMPLOYER NAME		STARTING DATE / /		
ADDRESS		ENDING DATE / /		
CASUAL	PART-TIME	FULL TIME	YEARS COMPLETED*	DAYS COMPLETED*
2. EMPLOYER NAME		STARTING DATE / /		
ADDRESS		ENDING DATE / /		
CASUAL	PART-TIME	FULL TIME	YEARS COMPLETED*	DAYS COMPLETED*
3. EMPLOYER NAME		STARTING DATE / /		
ADDRESS		ENDING DATE / /		
CASUAL	PART-TIME	FULL TIME	YEARS COMPLETED*	DAYS COMPLETED*
4. EMPLOYER NAME		STARTING DATE / /		
ADDRESS		ENDING DATE / /		
CASUAL	PART-TIME	FULL TIME	YEARS COMPLETED*	DAYS COMPLETED*
5. EMPLOYER NAME		STARTING DATE / /		
ADDRESS		ENDING DATE / /		
CASUAL	PART-TIME	FULL TIME	YEARS COMPLETED*	DAYS COMPLETED*
6. EMPLOYER NAME		STARTING DATE / /		
ADDRESS		ENDING DATE / /		
CASUAL	PART-TIME	FULL TIME	YEARS COMPLETED*	DAYS COMPLETED*

*Where part-time teaching is listed, please note your FTE load.

5. Teacher Accreditation

PLEASE PROVIDE YOUR NSW WORKING WITH CHILDREN CHECK (WWCC) NUMBER:

PLEASE PROVIDE YOUR NESA NUMBER:

IF YES, PLEASE PROVIDE YOUR ACCREDITATION LEVEL:

CONDITIONAL TEACHER

HIGHLY ACCOMPLISHED TEACHER

PROVISIONAL TEACHER

LEAD TEACHER

EXPERIENCED TEACHER

ARE YOU ACCREDITED UNDER ANY OTHER AUSTRALIAN STATE'S ACCREDITATION AUTHORITY?

YES

NO

IF YES, PLEASE PROVIDE DETAILS:

IF YOU CANNOT PROVIDE AN ACCREDITATION NUMBER, PLEASE INDICATE THE REASON BELOW:

MY APPLICATION IS NOW WITH THE NATIONAL EDUCATION STANDARDS AUTHORITY

I AM UNAWARE OF THE NATIONAL EDUCATION STANDARDS AUTHORITY AND ITS REQUIREMENTS

I AM AN INTERNATIONAL APPLICANT

IF YES, PLEASE GIVE DETAILS OF INTERNATIONAL ACCREDITATION If applicable

6. Confidential Referees

PLEASE PROVIDE THREE CONFIDENTIAL REFEREES:

Referee 1.

NAME

RELATIONSHIP

EMAIL

PHONE

Referee 2.

NAME

RELATIONSHIP

EMAIL

PHONE

Referee 3.

NAME

RELATIONSHIP

EMAIL

PHONE

7. Health

Do you have any previous medical conditions or restrictions, physical or otherwise (including learning disability), which may affect your ability to preform the essential requirements of this position YES NO

IF YES, WHEN PROVIDING FURTHER DETAILS PLEASE INCLUDE ANY REASONABLE ADJUSTMENT WHICH COULD BE CONSIDERED TO ACCOMMODATE YOU IN THE WORKPLACE:

HAVE YOU EVER MADE A WORKERS COMPENSATION CLAIM? YES NO

IF YES, PLEASE PROVIDE DETAILS:

8. Attachments

Listed below, are documents relevant to your application. Please submit copies that have been verified as true copies of the original by either a Justice of the Peace or a Solicitor.

Please note that copies are required of all applicable documents. Please tick where attached.

1. Proof of citizenship / Australian residency (e.g. birth certificate, passport, visa)

2. University or College final transcript of academic results indicating eligibility for Award

3. Statement(s) of service showing:

- a) commencement dates
- b) termination dates
- c) whether service was full-time or part-time or casual
- d) for part-time or casual service, details of hours/days worked

4. Evidence of ISTAA experienced teacher accreditation, if applicable

5. Other Degrees, Diplomas or Certificates

6. Disclosure of any previous workers compensation claim

9. Declaration

I declare that the information provided by me on my application and during the recruitment process is true and correct to the best of my knowledge and belief.

I understand this application does not constitute an offer of employment.

NAME

SIGNATURE

DATE / /

Please email all inquiries and completed application forms to:

Email employment@queenwood.nsw.edu.au

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