

REFEREE 1

Name	Email
School/Institution	Position
	Mobile
Address	Work phone
	Other phone

REFEREE 2

Name	Email
School/Institution	Position
	Mobile
Address	Work phone
	Other phone

REFEREE 3

Name	Email
School/Institution	Position
	Mobile
Address	Work phone
	Other phone

DECLARATIONS

MEDICAL / HEALTH

Do you have any injury or illness that may affect your ability to effectively carry out the duties and responsibilities outlined in the job description? *If yes, please give details below.*

NO

YES

If yes, please give details.

Do you have or have had any other known physical or psychological condition that may affect your ability to carry out the duties and responsibilities outlined in the job description?

NO

YES

If yes, please give details.

Do you suffer or have ever suffered from any illness or disability that you would like the Board of Trustees to know about (e.g. asthma, diabetes, high blood pressure)?

NO

YES

Do you agree to undertake a medical examination if required? **YES** **NO**

I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

Signature	Date
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CHILD SAFETY (VCA)

Have you ever been convicted of a Safeguarding offence?

NO

YES

If yes, please provide the details below. Include details of how you responded to it.

Have you ever been the subject of any concern(s) or a complaint(s) involving child safety during your employment history?

NO

YES

If yes, please provide the details below. Include details of how you responded to it.

The Board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014. The Clean Slate Act does not apply to schedule 2 offences.

CONVICTIONS

Have you ever been convicted of any criminal offence (other than a minor traffic offence)?

NO

YES

If yes, please provide the date and details of the offence(s), the penalty, or reason, together with any comments you may wish to make below (or on a separate sheet):*

**Please note that you may be asked to provide a copy of the relevant court records available from the registrar of the court concerned. Failure to provide correct and true details of any conviction(s) or other reason(s) for possible unsuitability, will make you liable to dismissal from the employment of Sancta Maria College Board of Trustees should you be the successful applicant.*

Are you currently awaiting sentencing or the hearing of any charges?

NO

YES

If yes, please provide the details below.

Have you ever received a police diversion for an offence?

NO

YES

If yes, please provide the details below.

Have you ever been discharged without conviction for an offense? *If yes, please provide the details below.*

NO

YES

If yes, please provide the details below

PRIVACY ACT 1993 / AUTHORITY TO APPROACH OTHER REFEREES

(To be ticked and signed by the Applicant)

This Application is submitted with the understanding that any further information given is for the use of the employer and their authorized representatives who may at any time have access to this information.

I authorise the members of the Sancta Maria College School Appointments Committee or its advisor(s)/representative(s), permission to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for the position of _____ at this school.

Applicant's signature

Date

DECLARATION

(To be signed by the applicant)

I certify that

I confirm, in terms of the Privacy Act 1993, that I have authorised access to referees.

I know of no reason why I should not be suitable to work with children/ young people.

To the best of my knowledge and belief, the information I have supplied in this application form and my CV is true, accurate and correct.

I understand that if I have supplied any false or misleading information, or any material fact or/and any important information is suppressed or deliberately omitted, I may be disqualified from appointment, or if appointed/employed, my employment will be terminated.

Applicant's signature

Date