

Application for Casual Relief Teacher

1. Please complete the following form and forward it attention Michelle Smith. This can be emailed directly to msmith@mecs.vic.edu.au. **Please 'save as' after completion of this form to retain the information.**
2. The information supplied herein shall be treated in confidence and used by the school only in assessing the applicant's suitability for casual relief teaching at MECS.

Personal Details Salutation Marital Status (optional)

Surname First Name

Address

Postcode VIT Number

Telephone (BH) (AH) (Mob)

Email Address

Church Details (if applicable)

Church (& Denomination) you attend

Name/Telephone no. of referee for your Christian standing

Employment Details Current (if applicable)

Name of Employer

Date Commenced Current Salary Years Experience

Position held

Employment Details Previous (if space is insufficient, additional details should be attached)

Date Commenced/Ceased	Position held	Name of Employer	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Academic Details

If possible please attach copies of results completed and progress on any current courses.

Completed Tertiary Courses **Date Completed**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

First Aid Training

Please forward copies of completion certificates and progress on any current courses.

Apply First Aid

CPR

Anaphylaxis

Asthma

Professional Reference

Written references may be attached. Referees nominated by the applicant below will be contacted by telephone.

Referee 1.

Surname First Name

Address

Postcode

Telephone (BH) (AH) (Mob)

Email Address

Availability

Please mark the sections of the school in which you are prepared (and qualified) to teach:

Kindergarten Primary (Prep – Year 6)

Middle School (Years 7 – 9) Senior School (Years 10 – 12)

Please mark the days of the week on which you are available to teach:

Monday Tuesday Wednesday Thursday Friday

Comments

Declaration

I declare that the details and information on this document are true, complete and correct to the best of my knowledge and I understand that any false or misleading statement will be sufficient cause to deny employment.

I **have** **have not** had criminal convictions recorded against me since the date on my National Criminal History Record Check (NCHRC) and there **are** **are no** outstanding matters against me pending before a court.

(If yes, please attach details.)

I undertake to support and accept the MECS Association's distinctive form of Christian Education as expressed in the MECS Statement of Beliefs (see MECS website www.mecs.vic.edu.au).

(If sending by email no signature required at this time).

Full Name (Block letters)

Signature Date