Postcode

Date



Personal Details

Address

Full Name

aga	lication for	or Certificate	· IV in	Education	Support	- Student	Placement
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Surname

- 1. Please complete the following form and email to Karena Dashwood (HR Administrator) kdashwood@mecs.vic.edu.au.
- 2. The information supplied herein shall be treated in confidence and used by the school only in assessing the applicant's suitability for Placement at MECS.

First Name

Telephone		Email Address			
WWC Number/Exp	iry				
Church Details					
Church (& Denomi	nation) you attend				
Name/Telephone r	no. of referee for your Ch	ristian standing			
Employment De	etails Current (if app	olicable)			
Name of Employer					
Date Commenced		Position held			
Academic Detai Current Tertiary C	Is Course & Location		Date Commenced		
First Aid Training	1				
Please forward cop	pies of completion certific	ates and progress on any current	courses.		
Apply First Aid	CPR	Anaphylaxis	Asthma		
Professional Ref	erence				
Written references	may be attached. Refere	ees nominated by the applicant be	elow will be contacted by telephone.		
Referee 1	Professional	Personal			
Name		Telephone	Email Address		
Referee 2.	Professional	Personal			
Name		Telephone	Email Address		
Declaration					
		this document are true, complete be sufficient cause to deny placen	and correct to the best of my knowledge and I understand nent.		
I have Check (NCHRC) a details.)			ne since the date on my National Criminal History Record gainst me pending before a court. (If yes, please attach		
	oort and accept the MEC CS website www.mecs.v		Christian Education as expressed in the MECS Statemen		