DOMINIC COLLEGE

A Catholic School in the Salesian Tradition

Application Form

PERSONAL DETAILS			
Surname			
First Name(s)		Title	
Date of Birth (optional)			
Religious Background or Spiritual Commitment			
Home Address			
Home Telephone			
Mobile Number			
Personal Email Address			

PROFESSIONAL DETAILS	
Current Position	
Current Employer	
Business Address	
Business Telephone	
Business Email Address	

TEACHER REGISTRATION DETAILS (according to State/Territory requirements if applicable)	
Teacher Registration No.	
Registration Body	
Expiry Date	

WORKING WITH VULNERABLE PEOPLE REGISTRATION (please attach copy of WWVP Card)	
Registration No.	
Registration Location (State or Territory)	
Expiry Date	

EDUCATIONAL BACKGROUND			
Educational Qualifications and Other Certified Courses			
Length of Course	**Year Completed**	**Institution**	**Qualifications Obtained**

RELEVANT PERSONAL AND PROFESSIONAL DEVELOPMENT Provide details of courses, conferences and seminars attended within the last three years that relate to the position.

PROFESSIONAL TEACHING EXPERIENCE			
Year/Period	**Grades Taught**	**School**	**Subjects/Position**

LEADERSHIP EXPERIENCE (if applicable)		
Year/Period	**Position**	**School/Organisation**

OTHER RELEVANT INFORMATION
Membership or involvement in Parish Life, Community Groups or Organisations
Membership of Professional Organisations
Professional and Personal Interests

REFEREES Names and addresses of persons who have consented to act as referees. The Principal reserves the right to contact persons not nominated by the applicant.		
REFEREE (CURRENT EMPLOYER)		
Name:		
Organisation:		
Position Held:		
Address:		
State:		**Postcode**:
Telephone: (M)	(W)	(H)
Email address:		
REFEREE (PREVIOUS EMPLOYER OR PROFESSIONAL COLLEAGUE)		
Name:		
Organisation:		
Position Held:		
Address:		
State:		**Postcode**:
Telephone: (M)	(W)	(H)
Email address:		
PROFESSIONAL REFEREE		
Name:		
Organisation:		
Position Held:		
Address:		
State:		**Postcode**:
Telephone: (M)	(W)	(H)
Email address:		