

Principal: Mr Damian Higgins
Registered No. 1787 ABN: 59 805 270 397

Application for Teaching Position

Personal

1. Title: Mr.\Mrs.\Miss\Ms.\Rev.\Dr.\Other: _____
2. Surname: _____
3. Given Name: _____
4. Date of Birth: _____ / _____ / _____ Place of Birth: _____

daymonthyear
5. Citizenship: _____
6. Address: _____

State: _____ Postcode: _____

Phone No. [Home] () _____ [Work] () _____

[Mobile] _____ [Email] _____
7. Gender: Male [] Female []

Personal Faith Understanding

8. When did you become a Christian? _____
9. Of which church are you a member? _____
10. When did you become a member? _____
11. Do you attend church weekly/monthly/less frequently? _____

12. What does Jesus mean personally to you? _____

Educational and Employment History

13. List the names of schools, colleges, universities or institutions (secular and religious) in which you were educated: the courses pursued, date of graduation and certificate, diploma or degree earned:

Name of School (i.e. 1998 to 1999)	Course	Period	Award
_____	_____	to	_____
_____	_____	to	_____
_____	_____	to	_____
_____	_____	to	_____
_____	_____	to	_____

14. List other certificates, diplomas or awards you have earned:

Award	Year
_____	_____
_____	_____
_____	_____

(Please attach photocopies of all certificates, diplomas and degrees)

15. Are you presently involved in a study course? When will this be completed?

16. List all subjects and year levels that you are qualified to teach.

17. Are you registered as a teacher with the Victorian Institute of Teaching?

Yes [] No [] V.I.T. Number: _____

18. Please summarise your teaching experience:

From - To	Employing Organisation	Title & Nature of Position
<i>e.g.</i> 2000-2004	<i>e.g.</i> Northside Christian College	<i>e.g. 7-10 Maths, 11 Chemistry, 8 Biblical Studies</i>

19. What experience do you have with 21st century learning methodologies, in particular utilizing ICT Devices such as iPads?

References

As part of the processing of your application, Northside Christian College requires three confidential referees from people who know you personally. Please fill in the names of these referees in the spaces below. One of the three must be a minister/pastor of the church you attend. The second must be a professional referee, someone you have worked for or with and the third must be someone who has known you personally for some years.

Minister's Reference

Name: _____

Address: _____

Postcode: _____ Email: _____

Church: _____

Contact Phone Number: _____

Professional Reference

Name: _____

Address: _____

Postcode: _____ Email: _____

Contact Phone Number: _____

Professional or Personal Reference

Name: _____

Address: _____

Postcode: _____ Email: _____

Church: _____

Contact Phone Number: _____