



ST.BRIGID'S
COLLEGE

200 Lesmurdie Road, Lesmurdie WA 6076

Tel: 9290 4200

Fax: 9291 8813

E-mail: sbchr@stbrigids.wa.edu.au

Web site: www.stbrigids.wa.edu.au

APPLICATION FOR THE POSITION OF: _____

COMMENCING: _____

***Please forward this application and relevant attachments to the Principal
by the closing date***

***CONFIDENTIAL TO THE PRINCIPAL, RELEVANT SENIOR STAFF AND
PANEL MEMBERS***

6. Ongoing/Present Study

Qualifications	Institution	Year Awarded	Full Time Study Equivalent

7. Employment Experience

Organisation	Position Title/Description	Year

8. Accreditation (IF APPLICABLE)

What levels of Accreditation as required by the Catholic Education Office of WA have you completed?

9. Parish Ministry Involvement

Please list below any form of parish ministry or activity in which you are or have been involved.

10. Long Service Leave

When was your last period of Long Service Leave taken?

When is your next period of Long Service Leave due?

11. 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.

11.1 Professional Referee:

Position:

Work Address:

Telephone:

Fax:

Mobile:

11.2 Professional Referee:

Position:

Work Address:

Telephone:

Fax:

Mobile:

11.3 Professional Referee:

Position:

Work Address:

Telephone:

Fax:

Mobile:

11.4 Current Employer:

Position:

Work Address:

Telephone:

Fax:

Mobile:

12. Where did you hear about this position:

Newspaper e.g. West Australian, Australian:

Catholic Education Office website employment page:

Seek advertising:

Other: _____

Signature of Applicant:

Name: _____

Date: _____

DECLARATION

I declare that all information provided in this application is true in all respects.

I declare that there are no other circumstances or factors that would adversely affect my ability to undertake the role for which I am applying.

I consent to any reference checks which may be necessary to support this application.

I understand that employment with St Brigid's College is conditional upon providing appropriate evidence in support of information contained in this application where necessary.

I understand that I must provide:

- Department of Education National Police History Check
- Working with Children Clearance or be willing to obtain.

I understand that St Brigid's College is a smoke free workplace.

I understand that all staff at St Brigid's College must be committed to upholding the Catholic and Mercy ethos.

Signature of Applicant:

Name:

Date:
