



St Brigid's College

COLLEGE APPLICATION FORM

CANDIDATE NAME

APPLICATION FOR THE POSITION OF

COMMENCING

Please forward this application and relevant attachments to
the Principal by the closing date to sbc@stbrigids.wa.edu.au

200 Lesmurdie Road
Lesmurdie WA 6076

Tel: 9290 4200

Fax: 9291 8813

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

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

CONFIDENTIAL TO THE PRINCIPAL, RELEVANT SENIOR STAFF
AND PANEL MEMBERS

APPLICANT INFORMATION

Surname: _____ First Names: _____

Mr/Mrs/Miss/Ms: _____

Street Address: _____

Suburb: _____ Postcode: _____

Mobile: _____ Home Phone: _____

Are you an Australian Citizen? YES NO

If No; have you been granted permanent residency? _____

Are you Catholic? YES NO

If Yes, Parish Priest: _____

Parish Name: _____ Phone Number: _____

Health: Do you have any health-related problems, disabilities or injuries that may adversely affect your performance in the position for which you have applied or the safety of others?

YES NO

If YES please provide details:

Professional Qualifications (Please attach photocopies, NOT originals of certificates)

Qualifications	Institution	Year Awarded	Fulltime Study Equivalent

Ongoing/Present Study

Qualifications	Institution	Expected Completion	Fulltime Study Equivalent

Employment History

Organisation	Position Title / Description	Years Held

Accreditation (IF APPLICABLE)

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

Parish Ministry Involvement

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

Long Service Leave

When was your last period of Long Service Leave taken? _____

When is your next period of Long Service Leave due? _____

Professional 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

Professional Referee Name	
Job Position	
Work Address	
Mobile	
Email	

Professional Referee Name	
Job Position	
Work Address	
Mobile	
Email	

Professional Referee Name	
Job Position	
Work Address	
Mobile	
Email	

Current Employer Details

Current Employer Name	
Job Position	
Work Address	
Mobile	
Email	

Where did you hear about this position?

Newspaper e.g. West Australian, Australian

Catholic Education Office website employment page

Seek advertising

Other: _____

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:

- A Department of Education National Police History Check
- Working with Children Check 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 of Applicant: _____

Date: _____