



## CASUAL TEACHING APPLICATION FORM

Email to [admin@rjas.nsw.edu.au](mailto:admin@rjas.nsw.edu.au)

### DATE OF APPLICATION

### PERSONAL DETAILS

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Title  Ms  Miss  Mrs  Mr  Dr Email \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Church Attended \_\_\_\_\_

Personal Christian Faith Statement . . . .

### TEACHING DETAILS

Please attach a copy of your resume. Teaching accreditation and identification documents are not required at this stage.

NSW Institute (NESA) Number \_\_\_\_\_

Availability  Mon  Tues  Wed  Thurs  Fri Section/s  Primary  Secondary

### WORKING WITH CHILDREN CHECK

Employment Clearance Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Date of Birth (for verification) \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Mobile \_\_\_\_\_ Relationship \_\_\_\_\_

**OFFICE USE ONLY**  WWCC Verified Date \_\_\_\_\_  
 NESA Number Verified Date \_\_\_\_\_

Distributed to:  PRINCIPAL  DEPUTY PRINCIPAL