



CASUAL TEACHING APPLICATION FORM

Email to: 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, including details of practicums (if applicable).
Teaching accreditation and 100 points of identification are required with your application.

NSW Teachers Institute # (if applicable) _____

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 verified Date _____

Distributed to: DEPUTY PRINCIPAL