



CASUAL SUPPORT STAFF APPLICATION FORM

PERSONAL DETAILS

Surname _____ First Name _____

Title Ms Miss Mrs Mr Dr Email _____

Address _____

Mobile _____ Church Attended _____

Personal Christian Faith Statement

(Include how you are involved with your current church and how you would align with the Christian ethos of the school.)

AVAILABILITY

(Please email your completed application form, attach your resume, First Aid and any other certificates and 100 points of identification to admin@rjas.nsw.edu.au)

Availability Mon Tues Wed Thurs Fri

Areas of Interest Primary Secondary Admin Teacher's Aide Student Reception

WORKING WITH CHILDREN CHECK

Employment Clearance Number _____ Expiry Date _____

Date of Birth (for verification) _____

FIRST AID TRAINING DETAILS

I have No current First Aid qualifications
 or Provide First Aid certificate
 or Education & Care Setting First Aid certificate
 Expiry Date (if applicable) _____

EMERGENCY CONTACT DETAILS

Surname _____ First Name _____

Mobile _____ Relationship _____

OFFICE USE ONLY	<input type="checkbox"/> WWCC verified	Date _____	Initial _____
	<input type="checkbox"/> Edumate and WOLI	Date _____	Initial _____
	<input type="checkbox"/> Email advice to MP		
	Administration Officer	Date _____	Initial _____
Distributed to:	<input type="checkbox"/> Operations Manager	Date _____	Initial _____