



CASUAL TEACHING APPLICATION FORM

PERSONAL DETAILS

Surname _____ First Name _____

Title Ms Miss Mrs Mr Dr Email _____

Address _____

Mobile _____ Church Attended _____

Personal Christian Faith Statement

TEACHING DETAILS

(Please email your completed application form, attach a copy of your resume, with details of practicums (if applicable), your NESAs Teaching accreditation letter and 100 points of identification to admin@rjas.nsw.edu.au)

NESA Number _____ Accreditation Level _____

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	<input type="checkbox"/> NESAs verified	Date _____	Initial _____
	<input type="checkbox"/> WWCC verified	Date _____	Initial _____
	<input type="checkbox"/> Edumate and WOLi	Date _____	Initial _____
	<input type="checkbox"/> Email advice to Marsden Park Administration Officer	Date _____	Initial _____
	<input type="checkbox"/> DEPUTY PRINCIPAL	Date _____	Initial _____
Distributed to:			