



Stena College is committed to child safety and is legally required to obtain the following information about a person whom it proposes to engage to perform child connected work:

- Working with Children Check status, or similar check
- Proof of personal identity and any professional or other qualifications
- The person's history of work involving children
- References that address the person's suitability for the job and working with children

It is a requirement that all applicants complete this form. You must complete all parts of the form. Any false or incomplete statement or information in this form or in connection with your application for employment may lead to a rejection of your application for employment. Any information provided by you in this form may be checked by the prospective employer with relevant authorities, previous employers, referees or sources. By signing or submitting this form you consent to these pre employment checks. Information provided will be treated in accordance with the Privacy Act 1988 (Cth).

To apply for this position you must be eligible to work in Australia.

Short listed applicants will be asked to bring originals or certified copies of transcripts to the interview.

I wish to apply for employment to the _____ position
 advertised in the _____
 (Newspaper, Website, etc.) (Date)

PERSONAL DETAILS

Title: Dr Fr Br Sr Mr Mrs Ms Miss

Surname: _____ Given Name(s): _____

Address: _____ Postcode: _____

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____

Religion (optional): _____ Marital Status (optional): _____

EDUCATION / QUALIFICATIONS

Include the date of each qualification and the name of the awarding institution

Secondary School Qualifications (e.g. HSC, VCE, etc.)

Qualification: _____ Institution: _____ Year Completed: _____

Professional Qualifications (e.g. AASA, B.Comm, Clerk of Works Cert., Cert IV., etc.)

Qualification: _____ Institution: _____ Year Completed: _____

Qualification: _____ Institution: _____ Year Completed: _____

Additional Qualifications

Qualification: _____ Institution: _____ Year Completed: _____

Qualification: _____ Institution: _____ Year Completed: _____

Qualification: _____ Institution: _____ Year Completed: _____

Registration / Membership of Professional Body

Organisation's Name: _____ Position: _____ Registration Number: _____

CURRENT EMPLOYMENT

Current Place of Employment: _____ Phone Number: _____

Address: _____

Position: _____ Date Commenced: _____

Duties: _____

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