Teacher of Sciences to Year 13
Full time permanent position, commencing Term 1 2027

Family Name	
First Names	
Present Position	
Contact Address	
Work Phone Number	
Cell Phone Number	
Home Phone Number	
E-Mail Address	
Date of Birth	
Teacher Registration Number	
First Aid Status	Current/Expired Expiry Date:
Residency Status	
Drivers Licence	Licence # Expiry Date:

If you wish, please state any special qualifications, experience or strengths you feel you possess which support your application. These may be included in your cover letter.

Convictions Against the Law / Unsuitability for the Position

Have you ever been convicted of any criminal offence against the law or otherwise know of any reason why you should not be employed to work in the school environment?

Yes / No

If you have answered yes, please provide the date and details of the offence, or other reasons, together with any comments you may wish to make.

Have you had any injury or medical condition caused by a gradual process, disease or infection such as occupational overuse syndrome, stress or repetitive strain injuries or other condition which the tasks of this job may aggravate or contribute to and do you have any health problems which would prevent you from carrying out the work as described in the job description or person specification.

Yes / No

If you have answered yes, please provide full details

Please note that all Cromwell College buildings, grounds and vehicles are smoke-free.

REFEREES
Please provide the names and addresses of three referees who are able to comment on you in a professional capacity. Preferable referees are those who have been in a supervisory role in an employment situation (Principal, Manager, CEO etc).

Name	
Address	
Relationship to you	
Home phone	
Work phone	
Cell phone	
Email	

Name	
Address	
Relationship to you	
Home phone	
Work phone	
Cell phone	
Email	

Name	
Address	
Relationship to you	
Home phone	
Work phone	
Cell phone	
Email	

Please note: The selection panel may consult people, other than the nominated referees, as part of the appointment process.

Signature: Date: