

CONFIDENTIAL TO THE PRINCIPAL
APPLICANT DECLARATION FORM FOR SCHOOL EMPLOYEES

NAME: _____

ADDRESS: _____

EMAIL: _____

TELEPHONE: _____ MOBILE: _____

Teachers Registration No. _____ } (Please enclose photocopy of current teachers registration certificate if applicable)

POSITION FOR WHICH APPLICATION IS MADE: _____

Please respond to each of the questions below, and add your signature. If you opt for a discussion with the Principal/Principal's delegate rather than answering one or more of the questions. YOU MUST SUBMIT YOUR APPLICATION ONE WEEK BEFORE THE CLOSING DATE.

1. Have you ever been charged with a criminal offence? Yes No
If yes, please provide details:

2. Have you ever received a written warning or been dismissed or resigned following allegations of improper or unprofessional conduct? Yes No
If yes, please provide details:

3. Our process includes asking referees whether there are any child protection concerns in your regard. Do you foresee any problem arising from this process? Yes No
If yes, please provide details:

The requirement for full and honest disclosure during the screening process shall be a condition of initial and ongoing engagement. In signing this form you declare that, if you are successful in your application, you will notify Catholic Education S.A. should there be a significant change in your circumstances that relates to the screening process; for example, criminal offence charges and convictions, restraining orders, injunctions, intervention orders, disciplinary proceedings and investigations.

Signed: _____ Date: _____

OR

I have opted not to answer one or more of the above questions and ask that a meeting be arranged between myself and the Principal/Principal's delegate.

Signed: _____ Date: _____

OFFICE USE:	
Principal's signature: _____	Date: _____
Referred on: _____	Date: _____