



Confidential to the Principal

Application for the position of

## SECONDARY TEACHER SPECIALIST (MATHEMATICS) 2021

Name: \_\_\_\_\_

1. Please fill in **ALL** sections of this form, even if you wish to attach a Curriculum Vitae.
2. **Your letter of application should explain your reasons for applying for this position AND address the special skills that are needed to be involved in a Foundation College, with Year 7 and Year 8 students in 2021.**
3. Please attach this Application Form to your letter of application and forward to:

The Principal St John Bosco College.

Via Post: PO Box 4110, Harrisdale WA 6112  
By Hand: 170 Monticello Parkway, Piara Waters WA 6112  
By Email: [employment@stjohnbosco.wa.edu.au](mailto:employment@stjohnbosco.wa.edu.au)

All queries should be directed to the Principal Mr Kevin Sheehy on 9234 9600 / 0417 919 583.

4. The Principal reserves the right to seek information from people not listed in your application, unless specifically requested not to do so.
5. Applicants will be expected to uphold the Catholic ethos of the College.
6. **In accordance with regulations for employee screening it is necessary for all new staff in Catholic schools to be a member of the Teacher Registration Board of WA before commencing their duties. New staff must also have a Working With Children Card.**
7. All teachers must obtain an Accreditation to Teach in a Catholic school. Teachers of Religious Education shall have completed, or undertake to complete, Accreditation to Teach Religious Education.
8. In applying for this position, you will be providing St John Bosco College with personal information.
9. If you provide us with personal information, for example your name and address or information contained on your resume, we will collect the information in order to assess your application. By submitting this application, you agree that we may store this information for as long as necessary.
10. You may seek access to the personal information that we hold about you if you are unsuccessful for the position. However, there may be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others.
11. We will not disclose this information to a third party without your consent.
12. If you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to the College and why, that they can access that information if they wish, that the College does not usually disclose the information to third parties and that we may store their information for as long as necessary.



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1. Name:

\_\_\_\_\_

(Surname) (Christian Name) (Title)

Address:

\_\_\_\_\_

Home Phone:

\_\_\_\_\_

Work Phone:

\_\_\_\_\_

Mobile:

\_\_\_\_\_

Email:

\_\_\_\_\_

2. Religion:

\_\_\_\_\_

Parish:

Priest/Minister:

\_\_\_\_\_

3. TRBWA No.:

\_\_\_\_\_

Copy attached: Yes

No

4. Working With  
Children Card No.:

\_\_\_\_\_

Copy attached: Yes

No

5. SECONDARY EDUCATION QUALIFICATIONS

Qualifications	School	Year Awarded

6. TERTIARY EDUCATION QUALIFICATIONS

(Attach photocopies, NOT originals of degrees certificates, results statements, etc.)

Qualifications	Institution	Year Awarded	Full Time Study Equivalent

7. ACCREDITATION IN A CATHOLIC SCHOOL

Please list accreditation information.

Accreditation



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**8. EDUCATIONAL LEADERSHIP EXPERIENCE**

*Please list all previous leadership appointments, commencing with the most recent.*

School/College	Leadership Position	No. of years in position

**9. TEACHING EXPERIENCE**

*Please list all previous teaching appointments commencing with the most recent.*

School/College	Year of Appt.	No. of years in School/College	Year Level/Subject

**10. GENERAL TEACHING PREFERENCE**

*Please list year levels/learning areas in order of preference.*

Year Levels	Learning Areas
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.



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**11. REFEREES**

*(Attach photocopies of testimonials or references if you wish)*

**Professional:**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Professional:**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Parish Priest:**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

*I certify that all the information provided is true and accurate.*

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Applications close Monday September 14, 2020.**