



APPLICATION FORM – BOARDING SUPERVISOR

VACANCY DETAILS		
Position Title and Number:		

PERSONAL DETAILS		
Surname:	Given Names:	Title:
Home Address:		
		Postcode:
Home:	Work:	Mobile:
Email:		

PERMANENT RESIDENCY
Permanent residency is a pre-requisite for appointment to permanent positions. Are you a permanent Australian resident? <input type="checkbox"/> Yes <input type="checkbox"/> No

WORK QUALITIES
Please provide information and give examples of the following: We are interested in knowing :
How you relate to others
How you work as part of a team
Your experience and/or commitment to working with youth

How you use your initiative		
REFEREES OTHER		
1. Surname:	Given Name:	Title:
Contact ☎:		
2. Surname:	Given Name:	Title:
Contact ☎:		

MEDICAL DETAILS
To the best of your knowledge, please state your current state of health:
Have you a medical condition which may affect the full performance of your duties in this position? Yes/No. If yes, please provide details.
Do you have a continuing or previous worker's compensation claim? Yes/No.
Please indicate whether you have a disability or injury likely to affect your work performance or which could recur or be aggravated by the type of work for which you are applying.

OTHER
Is there any reason why you should not be employed to work with or near children? Yes/No? Have you served any part of a sentence of imprisonment or been convicted of a criminal offence? Yes/No. If yes, please provide details.
Please note that if you don't have the requirements listed below, you will be given appropriate time to obtain them. Do you have a current 'C' class driver's licence? Yes/No Do you have a current 'LR' class driver's licence with F endorsement? Yes/No. Do you have a current Senior First Aid Certificate? Yes/No. Do you have a current Bronze Medallion from The Royal Life Saving Society of Australia, Surf Rescue Certificate, or equivalent life saving qualification? Yes/No. Do you have a current Working with Children card? Yes/No Do you have a current CrimTrac clearance? Yes/No

DECLARATION

I certify that the above information is correct and complete to the best of my knowledge. I acknowledge that should the information be false or misleading it could lead to a review of my employment and possible termination.

SIGNATURE _____

DATE _____

(Don't forget to attach your résumé)