



St Joseph's School, Northam

PO Box 500 Northam WA 6401
Email :admin@sjsnortham.wa.edu.au

Primary Campus: Lance Street ~ Telephone (08) 9621 3500 Fax (08) 9622 5188
Secondary Campus: Wellington Street ~ Telephone (08) 9621 3550 Fax (08) 9622 3655

Confidential to the Principal and relevant senior staff

Application for the position of **Education Assistant**

Name:

1. Please fill in **ALL** sections of this form, even if you wish to attach a Curriculum Vitae.
2. Your covering letter should explain your reasons for applying for this position **AND** any other relevant information you may wish to include.
3. Please attach this Application Form to your letter of application and forward to the Principal's Secretary [admin@sjsnortham.wa.edu.au]. All queries should be directed to the Principal on 9621 3500.
4. The Principal reserves the right to seek information from people listed in your application.
5. Successful 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 staff in Catholic schools to have a current Working With Children Card.**
7. In applying for this position you will be providing St Joseph's School Northam with personal information. 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.
8. We will not disclose this information to a third party without your consent.
9. If you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish, that the School does not usually disclose the information to third parties and that we may store their information for as long as necessary.

10. **REFEREES:**

Professional:

Name: _____

Position: _____

Address: _____

Postcode: _____ Telephone: _____ Mobile: _____

Professional:

Name: _____

Position: _____

Address: _____

Postcode: _____ Telephone: _____ Mobile: _____

Personal:

Name: _____

Position: _____

Address: _____

Postcode: _____ Telephone: _____ Mobile: _____

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

Signature of Applicant: _____ **Date:** _____

Checklist / Office Use:

Qualifications [i.e. Cert III]	Y / N	Referees	Y / N
WWC	Y / N		Y / N
Accreditation To Work	Y / N		Y / N
CrimTrac	Y / N		Y / N
	Y / N		Y / N