

Application for Relief Teaching



Title: _____ Given names: _____

Surname: _____

Address: _____

Email: _____

Phone: _____

QCT Registration: _____

Annual Child Protection Completed _____

Current First Aid Accreditation _____

Availability

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

PROFESSIONAL QUALIFICATIONS

Title of Degree/Diploma	Name of Institution	Year of Grad'n

OTHER RELEVANT QUALIFICATIONS / ACCREDITATION

Name of Qualification/Accreditation/Skill	Name of Institution	Year of Compl'n

YEAR LEVELS QUALIFIED TO TEACH (tick as appropriate)

Foundation College (Prep – Year 2)

Middle College (Years 6 – 9)

Junior College (Years 3 – 5)

Senior College (Years 10 – 12)

SPECIALIST SUBJECTS (qualified and willing to teach)

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RELEVANT EMPLOYMENT HISTORY (order from most recent)

Employer/School	State	Position held	Dates of Employment	Full time/ Part time

PROFESSIONAL REFEREES

Name	Position	Email	Contact number