



Teacher

EA

RELIEF STAFF APPLICATION

Title: _____ Surname: _____

First Name: _____ Preferred Name: _____

Home Address: _____

Home Phone: _____ Mobile: _____

Email (Private): _____

Qualifications: _____

Work Experience: _____

Years of Teaching experience (full time equivalent): _____

Education Dept Identification Number (if relevant): _____

TRBWA #: Expiry Date: / /

WWCC #: Expiry Date: / /

Referees

Person 1 - Name: _____ Contact: _____

School: _____

Person 2 - Name: _____ Contact: _____

School: _____

I prefer to work: Single days Several days in a row Weeks Extended periods

Comments: _____

For further employment information please see the School website www.stjames.wa.edu.au

Signature: _____ Date: _____

NOTE: Don't forget to photocopy and attach your TRBWA & WWCC. A CV outlining your teaching experience is also required

Relief approved by: _____

Date: _____

2 Graceful Blvd, Alkimos WA 6038

■ T: (08) 6336 8330

■ E : relief@stjames.wa.edu.au

■ W : www.stjames.wa.edu.au