



**Confidential to the Principal**

Application for the position of

## **Administration Officer**

**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
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: [kevin.sheehy@cewa.edu.au](mailto:kevin.sheehy@cewa.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 support staff in Catholic schools to have a Working With Children Card and a current National Police History Check as issued by the Department of Education Western Australia must also be included. The appropriate Criminal History Record Check form is available from the Department of Education website <http://www.det.wa.edu.au/screening/detcms/portal/>
7. All support staff must obtain an Accreditation to Work in a Catholic school.
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.



1. **Name:** \_\_\_\_\_  
(Surname) (Christian Name) (Title)

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

2. **Religion:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

**Priest/Minister:** \_\_\_\_\_

3. **Working With Children Card No.:** \_\_\_\_\_ **Copy attached:** Yes  No

4. **Criminal History Record Check Date Cleared:** \_\_\_\_\_ **Copy attached:** Yes  No

5. **SECONDARY EDUCATION QUALIFICATIONS**

| Qualifications | School | Year Awarded |
|----------------|--------|--------------|
|                |        |              |
|                |        |              |

6. **OTHER EDUCATION QUALIFICATIONS**

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

| Qualifications | Institution | Year Awarded | Full Time Study Equivalent |
|----------------|-------------|--------------|----------------------------|
|                |             |              |                            |
|                |             |              |                            |
|                |             |              |                            |
|                |             |              |                            |



**7. ACCREDITATION IN A CATHOLIC SCHOOL**

*Please list accreditation information.*

| Accreditation |
|---------------|
|               |
|               |

**8. EMPLOYMENT/ WORK EXPERIENCE**

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

| Name of Organisation | Year of Appt. | No. of years in position | Brief List of duties |
|----------------------|---------------|--------------------------|----------------------|
|                      |               |                          |                      |
|                      |               |                          |                      |
|                      |               |                          |                      |
|                      |               |                          |                      |
|                      |               |                          |                      |



**9. REFEREES**

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

**Professional:**

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

**Professional:**

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

**Character:**

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

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

**Signature of Applicant:**

**Date:**

**Applications close Wednesday March 21 2018.**