



**PETER CARNLEY**  
ANGLICAN COMMUNITY SCHOOL

**This form must be completed by the Applicant and returned with letter of application and Curriculum Vitae**  
(Please note, Peter Carnley Anglican Community School is hereby referred to as PCACS)

**EMPLOYMENT APPLICATION FORM**

**1. PERSONAL DETAILS**

Role applying for		Date	
First Name(s)		Title (please circle)	Mr Ms Miss Mrs
Surname			
Address			
	Postcode		
Mobile Telephone		Date of Birth	/ /
Home Telephone			
Email Address			
Sex	Male / Female		
Australian Resident	Yes / No	Overseas Resident	Yes / No
Visa Type	Student / Working Holiday / Spouse / Other, please specify:		
Visa Expiry Date	/ /	Passport No	
Country of Issue			
Driver's Licence No		State / Territory	
Do you have any children enrolled at PCACS?			
Do you have relatives working at PCACS?			
How did you hear about PCACS?			
If referred by staff, please give name			

**2. CERTIFICATES / COURSES / QUALIFICATIONS?**

*(Please attach photocopies of original documents)*

Working with Children's Check card number		First Aid Certificate	Yes / No
Do you have a Police Clearance?	Yes / No	Police Clearance Issue Date	

Please provide your TRBWA number and date of expiry if applicable.

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### 3. OTHER QUALIFICATIONS

Year Started / Finished	School / TAFE / University	Qualification / Degree

### 4. EMPLOYMENT HISTORY

*(List current or most recent employer first)*

Employed From / To	Employer's Name	Position Held	Reason for Leaving

### 5. PROFESSIONAL REFEREES

<b>Name of Referee</b>		<b>Referee Position</b>	
<b>Organisation Name</b>			
<b>Telephone</b>	<b>Business No:</b>	<b>Mobile No:</b>	
<b>Email</b>			

<b>Name of Referee</b>		<b>Referee Position</b>	
<b>Organisation Name</b>			
<b>Telephone</b>	<b>Business No:</b>	<b>Mobile No:</b>	
<b>Email</b>			

<b>Name of Referee</b>		<b>Referee Position</b>	
<b>Organisation Name</b>			
<b>Telephone</b>	<b>Business No:</b>	<b>Mobile No:</b>	
<b>Email</b>			

**6. WORKER'S COMPENSATION DISABILITY / INJURY**

Do you have any physical limitations that may affect your performance in this role? Yes / No

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If YES, please provide details.

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Have you ever made a workers compensation claim?

Yes / No

If YES, please provide details.

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Have you ever been convicted of a criminal offence, received a caution or have other legal or pending cases, including formal disciplinary action, which may affect your suitability to work with children?

Yes / No

If YES, please provide details.

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## COMMITMENT TO MISSION, VISION AND VALUES

Grace	Both the School crest and motto capture the theme of journey (at both a sacred and temporal level): journey of life, journey of learning, journey of faith.
Truth	

Peter Carnley Anglican Community School (PCACS) is a school of The Anglican Schools Commission (Inc.) (ASC). The School opened in January 2007 in Wellard and caters for coeducational students from Kindergarten to Year 12. The School has a specialised Early Learning campus at Calista catering for Kindergarten to Year 1 students, whilst the Wellard campus caters for Year 2 to Year 12 students.

PCACS seeks to provide excellence in education, stressing high academic standards and the development of individual potential in a dynamic, caring and Christian environment.

### The following areas are emphasised:

- Academic Excellence.
- A holistic education, with Gospel values as their foundation.
- Individual care of students in a safe campus environment.
- Excellence in teaching and learning.
- Quality and relevant Christian Religious Studies and worship opportunities.
- High behavioural standards and expectations.
- High achievement in traditional academic subjects.
- Relevant vocational educational offerings.
- The development of high ethical standards and self-discipline.
- The development of individual student potential.
- The development of Christian character and leadership potential.

PCACS students are given an education to prepare them to become contributing and successful members of the community and potential future leaders of that community. The School aims to nurture each child so he or she is able to accept responsibility, demonstrate commitment and initiative, and be self-disciplined whilst showing sensitivity to the needs of others. The School aims to stimulate students' intellectual curiosity; increase the capacity to tackle and solve problems; think creatively and logically and have the ability to work with others. Students receive a Christian education and are encouraged to use it as a basis for living. The School expects students to show the highest possible standards of courtesy, dress and behaviour.

### CODE OF CONDUCT FOR STAFF / VOLUNTEERS AND DECLARATION

As an employee or volunteer of PCACS I am committed to the Values, Vision and Philosophy of the organisation. I therefore promise to work within these declarations, to uphold the ethos of the School as well as PCACS policies and procedures with diligence, honesty, compassion and respect to provide a safe and fair environment of our students, their families, our staff and volunteers, visiting practitioners, contractors and the community.

I will endeavour at all times, to conduct myself and carry out my work so that those receiving or providing services are not harmed or discriminated against.

In making this application for employment, I declare that all the answers given above are true to the best of my knowledge. I understand clearly that I shall render myself liable to dismissal if I knowingly provide any false or misleading information.

I recognise that employment with PCACS will involve ongoing training and development, which I will attend as deemed necessary. I understand that PCACS places great importance on occupational safety and health and that I will be expected to comply with occupational safety and health best practices within the workplace.

I hereby authorise PCACS to contact my referees and former employers to provide any information relevant to this application.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Pre-Employment Health Checklist

**Strictly Private & Confidential**

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Important Information:

- a) The purpose of this assessment is to ensure that applicants are able to perform the inherent requirements of the job.
- b) Please tick Yes or No to **every** question. If you answer yes, please provide full details in the space provided on page 2. A full and detailed explanation will reduce the likelihood of any delays in the recruitment process.
- c) Ensure that the declaration is signed after completion of this questionnaire.
- d) Please note that under Section 79 of the *Workers' Compensation and Rehabilitation Act*, willful and false representation regarding a previous disability may preclude the payment of future compensation.

1. Have you ever suffered from or do you now have any of the following?

	Yes	No		Yes	No
High blood pressure or heart disease?	<input type="checkbox"/>	<input type="checkbox"/>	Back, neck or spinal injury?	<input type="checkbox"/>	<input type="checkbox"/>
Asthma, bronchitis, wheeze or other lung disease?	<input type="checkbox"/>	<input type="checkbox"/>	Whiplash injury?	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath?	<input type="checkbox"/>	<input type="checkbox"/>	Sciatica / slipped disc?	<input type="checkbox"/>	<input type="checkbox"/>
Stomach pains, ulcers?	<input type="checkbox"/>	<input type="checkbox"/>	Spinal operation?	<input type="checkbox"/>	<input type="checkbox"/>
Hernia?	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis / rheumatism?	<input type="checkbox"/>	<input type="checkbox"/>
Frequent or persistent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	Hip / knee / ankle injury?	<input type="checkbox"/>	<input type="checkbox"/>
Allergies, hay fever or sinus troubles?	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder / elbow / wrist injury?	<input type="checkbox"/>	<input type="checkbox"/>
Eczema/dermatitis/ psoriasis or other skin problems?	<input type="checkbox"/>	<input type="checkbox"/>	Other joint?	<input type="checkbox"/>	<input type="checkbox"/>
Any problems with your eyes/vision?	<input type="checkbox"/>	<input type="checkbox"/>	Injury / stiffness / pain?	<input type="checkbox"/>	<input type="checkbox"/>
Any problems with your ears / hearing?	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis?	<input type="checkbox"/>	<input type="checkbox"/>
Blood disorders or cancer?	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or mental illness?	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drug problem?	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy / fits?	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	Depression?	<input type="checkbox"/>	<input type="checkbox"/>
			Anxiety / Stress?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above, please provide details.

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## 2. Declaration

I declare that the answers to all questions are correct and that I have not withheld any information regarding my past or present health and I accept that if I am employed, and it is subsequently found that I have willfully misstated any significant information herein, I will be liable to dismissal.

I will supply and give my permission to PCACS to seek and obtain any other relevant information from any available source, which may be required to assess my present health status.

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_