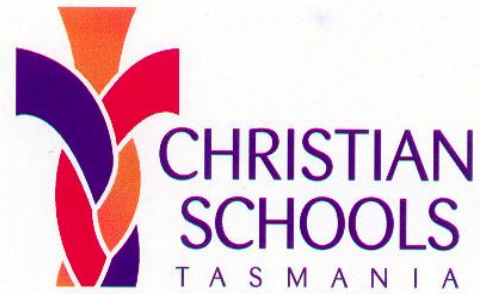


**STAFF APPLICATION FORM  
NON-TEACHING POSITION**



An Association for Christian  
Parent-Controlled Schools

1. Full Name: \_\_\_\_\_

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

\_\_\_\_\_ Postcode: \_\_\_\_\_

2. Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

3. Position for which applying: \_\_\_\_\_

**Please provide a copy of your Curriculum Vitae, a reference from your Church Minister/Elder and current contact details for at least two professional referees.**

In addition, please provide the following information, where applicable:

**CHRISTIAN BACKGROUND**

What is your understanding of a Christian School?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relate how and when you became a Christian.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give details of your church affiliation and involvement.

\_\_\_\_\_  
\_\_\_\_\_

Briefly state your view of the Bible.

\_\_\_\_\_  
\_\_\_\_\_

What are your habits regarding prayer and Bible study?

\_\_\_\_\_

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**GENERAL**

Are there any particular interests or abilities that would enhance your contribution to the school were you to be offered a position?

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Please specify any facts, limitations or problems of which we should be aware, that may impact on your ability to perform your role in a satisfactory manner.

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Any further comments you would like to make in support of this application?

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**HEALTH**

Under the Tasmanian Workplace Health & Safety Act 1995 the Association is obliged to ensure that you are not placed in a position of employment that may be detrimental to your health and well-being. Please answer the following questions taking into consideration the nature of the work associated with the position for which you are applying.

Please list details of pre-existing illnesses, complaints, conditions, injuries, etc that may be affected by the nature of the work. If you have pre-existing illness, complaints, conditions, injuries, etc please provide details of how this will affect you as you carry out your duties.

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List details of previous workers compensation claims made in relation to illnesses, conditions, injuries, etc that may be affected by the nature of the work.

Date of claim	Description of illnesses, conditions, injuries, etc.	Date claim finalised

As part of the selection process you may be required to undergo a pre-employment health assessment by a Medical Practitioner/ Health Service provider of our choice.

**DECLARATION**

I declare all the information in this application to be true and correct in every respect.

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

Please forward the completed form, with any accompanying documentation, to:

**Trisha Lowe – Development Manager**  
**Christian Schools Tasmania**  
**299 Macquarie Street, Hobart, Tasmania 7000**