

IRENE McCORMACK CATHOLIC COLLEGE



Prayer Service Justice

Application for the position of Head of Mathematics Learning Area

INSTRUCTIONS FOR APPLICANTS

Applicants for the above position at Irene McCormack Catholic College, Butler, are asked to include the following information as part of their application:

1. A covering letter outlining the reasons for your interest in the position.
2. The completed Application Form including the contact details of referees (one of which must be your current employer, if you are currently employed).
3. Proof of Registration and financial status with TRBWA.
4. Proof of Working with Children Clearance.
5. Proof of Qualifications achieved.
6. Any name change documents.
7. Any additional relevant information.

Applications should be addressed to the Principal, marked 'Confidential' with pages stapled (no display files please) and posted to:

The Principal
Irene McCormack Catholic College
P O Box 318 Quinns Rocks WA 6030

OR completed electronically and emailed to:

Mrs Cheryl Swart
at hr@imcc.wa.edu.au

Closing date for applications: Wednesday 15th September 2021 at 4pm.



Application for the position of Head of Mathematics Learning Area

1. Please complete **ALL** sections of this form even if you wish to attach a Curriculum Vitae.
2. The Principal reserves the right to seek information from people not listed here unless specifically requested not to do so.
3. Applicants must be supportive of the ethos of the Catholic Church.
4. In accordance with regulations for employee screening, evidence of registration with the Teacher Registration Board of WA and Working with Children Clearance are a condition of employment.
5. In applying for this position, you will be providing Irene McCormack Catholic College with personal information.
6. 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. You agree that we may store this information for as long as necessary.
7. You may seek access to your 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.
8. We will not disclose this information to a third party without your consent.
9. 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.
10. The College follows the Disputes and Complaints Resolution policy approved by the Catholic Education Commission of Western Australia (CECWA). A copy of this is available upon request.



APPLICATION FORM

1. PERSONAL INFORMATION

SURNAME: _____

CHRISTIAN NAMES: _____

Home Address: _____

Home Telephone no: _____

Mobile no: _____

Email: _____

Business Address: _____

Name/address of
Current employer: _____

Address for communication
with respect to this
Application _____

Telephone no: _____

Date of Birth: _____

Country of Birth: _____ **Nationality:** _____

Religion: _____

Parish: _____ **Priest/Minister** _____

Are you a practising member of the Catholic Church? _____

Marital Status _____ **No. of children** _____ **Ages (in years)** _____

Health _____

2. QUALIFICATIONS

2.1 SECONDARY EDUCATION QUALIFICATIONS

Qualifications	School	Year awarded

2.2 TERTIARY EDUCATION QUALIFICATIONS (please attach photocopies, NOT originals of degree certificates, results, statements etc.)

Qualifications	Institution	Year awarded	Full time study equivalent

Major Subjects	Number of Units	Minor Subjects	Number of Units

2.3 Relevant Personal Professional Development

Give details of courses, conferences, and seminars attended within the past three years that relate to the position.

Course Title	Date	Location	Certification (where applicable)

3. TEACHING EXPERIENCE

School	Start and End dates	Subjects taught	Year Level

GENERAL TEACHING PREFERENCE

(Please list subjects and year levels in order of preference)

Subject	Year Level	Subject	Year Level

EDUCATIONAL LEADERSHIP EXPERIENCE

Provide details of your educational leadership roles and responsibilities and the length of time in the position and list achievements.

School	Position	Year start

RELIGIOUS EDUCATION QUALIFICATIONS (if applicable)

Qualification	Institution	Year awarded	Full Time Study Equiv.

In-Service Courses	Year

Other Religious Education Qualifications

RELIGIOUS EDUCATION TEACHING EXPERIENCE (if applicable)

Please list all previous Religious Education teaching appointments, commencing with the most recent.

School	Year of appt.	No of years of RE experience	Year Level

Have you completed Accreditation to Teach in a Catholic School? YES/NO
(attach photocopies where relevant)

Have you completed Accreditation to Teach Religious Education in a Catholic School? YES/NO
(attach photocopies where relevant)

Please list the prescribed study units completed to date:

Unit	Institution	Year

EXTRA-CURRICULAR EXPERIENCE

List experience in coaching/managing sport (specify type), drama, debating, speech, music, choir, musicals, school magazine, clubs, Y.C.S., St Vincent de Paul etc.

School	Activity	Year Level

4. REFEREES

Names and addresses of persons who have consented to act as referees.
The Principal reserves the right to contact persons not nominated by the applicant.

4.1 Professional Referee

(a person with whom you are currently working)

Name: _____

Position: _____

School: _____

Telephone: _____ Mobile: _____

Business: _____

4.2 Professional Referee

Name: _____
Position: _____
School: _____
Telephone: _____ Mobile: _____
Business: _____

4.3 Current Employer

Name: _____
Position: _____
School: _____
Telephone: _____ Mobile: _____
Business: _____

4.4 Parish Priest

Name: _____
Parish: _____
Address: _____
Telephone: _____ Mobile: _____
Parish: _____

5. OTHER RELEVANT INFORMATION

5.1 PARISH MINISTRY INVOLVEMENT

Please list below any form of parish ministry or activity in which you are or have been involved.

5.2 Membership or involvement in groups/organisations (e.g. humane, civic, cultural or sporting associations etc.):

5.3 Membership of professional organisations:

Prior to appointment, you will be required to submit current documentation, including the following:

- Academic qualifications
- TRBWA registration showing financial status
- Accreditation Certificate(s)
- Working with Children clearance

TRBWA No. _____ **Financial Expiry date:** _____

WORKING WITH CHILDREN No: _____ **Expiry date:** _____

SIGNATURE OF APPLICANT: _____

DATE: _____