



GENERAL INFORMATION	
<input type="checkbox"/> Expression of Interest <input type="checkbox"/> Advertised Position	
If you selected ' <b>Expression of Interest</b> ' please tick the type of employment you would like to be considered for: (Tick all that are applicable)	<input type="checkbox"/> Permanent only <input type="checkbox"/> Permanent or Contract <input type="checkbox"/> Supply
<input type="checkbox"/> Full-time only <input type="checkbox"/> Part-time only <input type="checkbox"/> Full-time or Part-time	
Please list the subject areas you are able to teach: (Teaching positions only)	
Do you have any connections with the Parklands College community?	

PERSONAL INFORMATION		
Title:	First Name:	Surname:
Address:		
Home Phone Number:	Mobile Number:	
Email Address:		
Work Eligibility:	<input type="checkbox"/> Australian/NZ Citizen <input type="checkbox"/> Granted permanent residency in Australia <input type="checkbox"/> Granted temporary visa to work in Australia	

TEACHING POSITIONS ONLY	
Queensland College of Teachers Registration Number:	
Expiry Date:	Has your Registration ever been suspended: <input type="checkbox"/> Yes <input type="checkbox"/> No
Registration Type:	<input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Other – please comment:

NON-TEACHING POSITIONS ONLY	
Do you hold a current Blue Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No    Blue Card Number: (if selected yes)
Blue Card Type: (if selected yes)	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer    Expiry Date: (if selected yes)

ILLNESS AND INJURY	
<i>Under Queensland WorkCover legislation, we require you to, and it is your duty to, advise us of any pre-existing injury or medical condition, which would be aggravated by the type of employment you have applied to undertake. You must provide us with this information before you commence in your and any offer of employment is conditional upon your compliance with this requirement. If you fail to do so, or if you provide us with false or misleading information, you will not be entitled to compensation or to seek damages for any event that aggravates the pre-existing injury or medical condition.</i>	
Do you have or suspect that you have any pre-existing injuries or medical conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No – if selected yes, please provide details:

## CHURCH AND COLLEGE INVOLVEMENT

Church currently attending:			
Frequency of attendance:	<input type="checkbox"/> Weekly	<input type="checkbox"/> Once a month	<input type="checkbox"/> Special occasions
Length of time you have been attending this Church:	<input type="checkbox"/> 0 – 1 years	<input type="checkbox"/> 2 – 5 years	<input type="checkbox"/> 6 years or more
If you are applying for a teaching position, please briefly share how you can contribute to the Parklands Christian College teaching team through strong pedagogy and positive relationships within the context of a Christian school:			

## REFEREES

If you selected 'Expression of Interest' – We will treat your application confidentially and will not contact your referees prior to requesting permission from you.	
If you selected 'Advertised Position' – Have you provided (via your CV) or are you able to provide 2 Professional Referees and 1 Pastoral Referee	<input type="checkbox"/> Yes <input type="checkbox"/> No

## EMPLOYMENT APPLICATION DECLARATION

<input type="checkbox"/> I am aware that in applying for this position, I am providing Parklands Christian College with personal information for the primary purpose of collection in order to assess my application for employment.			
<input type="checkbox"/> If applying for an <i>Advertised Position</i> , I give consent for Parklands Christian College to contact the referees I have provided (via my CV) and understand that this will be done in an ethical and legal manner.			
<input type="checkbox"/> I have read and understood the College's Recruitment and Selection Policy, Privacy Policy, Code of Conduct and Position Description (accessible on the College website).			
<input type="checkbox"/> Upon submitting this application form, I declare that the information I have provided is accurate and true to the best of my knowledge and I understand that this will be used to assess my application for employment.			
Candidate's Signature:			Date:

Please email your completed Application Form, Cover Letter and CV to Nicole Taylor-Webb, People & Wellbeing Officer.  
Email: [recruitment@parklands.qld.edu.au](mailto:recruitment@parklands.qld.edu.au)