

# STAFF APPLICATION FORM



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

2. Address: \_\_\_\_\_

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

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

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

Please provide the following information, where applicable.

## UNDERSTANDING OF CHRISTIAN EDUCATION

1. What is your understanding of the purpose of Christian education?

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2. What is your view of the Bible?

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3. Please give examples, where possible, of how your faith impacts on your current role in the workforce.

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**CHRISTIAN BACKGROUND**

1. Any Church affiliation and involvement.

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2. Your understanding of the relevance of Jesus Christ to you personally and to the world today.

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**GENERAL**

Please list any areas of expertise and/or experience that relate directly to the Position Description. You may want to elaborate on these in attached documentation.

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Are there any particular interests or abilities that would enhance your contribution to this position?

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Are there any facts, limitations or problems of which we should be aware, which may impact on your ability to perform your role in a satisfactory manner?

YES/NO      If "YES" please specify:

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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: \_\_\_\_\_