

Children's Services Casual Pool Application Form

Instructions:

1. Complete the questions below.
2. Provide a response to each of the selection criteria. Maximum of two paragraphs per criterion is sufficient.
3. Attach a copy of your curriculum vitae.

Please circle the following applicable responses:

Mandatory Qualifications/Training:

1. Are you enrolled in your Certificate III in Children's Services recognised by the National Authority?

Yes / No / Not Applicable

2. Have you completed your Certificate III in Children's Services recognised by the National Authority?

Yes / No

3. Do you have a current Recognised current First Aid qualification?

Yes / No

4. Do you have current Anaphylaxis and Emergency Asthma Management training?

Yes / No

5. Do you have a current Working with Children Check?

Yes / No

Desirable Qualifications/Training

1. Have you attended recent child protection training?

Yes / No

2. Have you attended recent food safety and handling training?

Yes / No

3. Experience working with children in a centre based or mobile children's service.

Yes / No



Please respond to each of the following SELECTION CRITERIA

1. Experience working with children and understanding of how children grow and learn.
2. Sound knowledge of National early childhood regulations, standards, approved curriculum and policies with demonstrated skills in applying these in practice.
3. Sound skills in building respectful and equitable relationships with children, families, teams and others in the community.
4. Sound professional resourcefulness with good time management, oral and written communication skills.
5. Sound knowledge of Workplace Health and Safety (WH&S) and Workplace Diversity (WD) principles with the demonstrated ability to apply these in practice.

BEGA VALLEY SHIRE COUNCIL



APPLICATION FOR EMPLOYMENT FORM

COUNCIL IS AN EQUAL OPPORTUNITY EMPLOYER, AND PROVIDES A SMOKE FREE ENVIRONMENT, AND IS COMMITTED TO HIGH ETHICAL STANDARDS FOR STAFF AND THEIR DEALINGS WITH THE PUBLIC AND EACH OTHER, WHICH IS REFLECTED IN OUR ORGANISATIONAL CODE OF CONDUCT.

DETAILS OF ADVERTISED VACANCY

Job Title:	Position No:
Section/Department:	
Employment Type (Please Circle):	Permanent / Temporary/ Fixed Term / Casual
APPLICATIONS SHOULD BE MARKED 'PRIVATE AND CONFIDENTIAL' AND FORWARDED TO:	The General Manager Bega Valley Shire Council PO Box 492 BEGA NSW 2550

APPLICANT DETAILS

Title:	Surname:	Given Name/s:
Home Address:		
Suburb:	State:	P/Code:
Contact Details:-		
Private:	Mobile:	
Email:		
Qualifications: Please attach certified copies of all qualifications and certificates of attainment	Year Obtained:	

Are you an Australian Citizen / Permanent Resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, do you have a working visa	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>(Note: to be eligible for employment, applicants must have the appropriate work visa or have permanent residency status)</i>		
Are you of Aboriginal or Torres Strait Islander descent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold a current NSW Drivers Licence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require any special arrangements at an interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details below:		
<p>Do you have any pre-existing injury or disease of which you are aware that you could reasonably be expected to foresee, could be affected by the nature of the duties and responsibilities of the position for which you are applying?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide a brief description (or on a separate advice):</p> <p><i>(Note: Failure to make such a disclosure or the making of a false or misleading disclosure forfeits you the right to compensation under the Workers Compensation Act 1987 and the Workplace Injury Management and Workers Compensation Act 1988)</i></p>		

REFEREES

(Note: two referees are required. At least one of these referees should have been your immediate supervisor in your past or existing role). If contacted, they will be asked to provide information on your past employment and work performance.

1.Name of Referee:	
Position Held:	Contact No:
Name of Organisation:	
2.Name of Referee:	
Position Held:	Contact No:
Name of Organisation:	

HOW DID YOU FIND OUT ABOUT THIS JOB?:

Bega Valley Shire Council Website <input type="checkbox"/>	Bega District News (Community Link) <input type="checkbox"/>
Seek.com.au <input type="checkbox"/>	Sydney Morning Herald <input type="checkbox"/>
LG Job Directory <input type="checkbox"/>	The Age <input type="checkbox"/>
Canberra Times <input type="checkbox"/>	Word of mouth <input type="checkbox"/>
Other? - Please provide details:	

DECLARATION

PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1998

I hereby acknowledge that:

- The personal information provided in this application is collected for the purpose of assessing suitability for employment for the position stated above.
- Access to this information is limited to use by Council employees and other authorised persons.
- Supply of the personal information is voluntarily supplied and non-supply may cause delay or inability to proceed in the processing of this form.
- The personal information will be stored in Council's information system.

I certify, all answers and statements on this application form and any attachments thereto are true and complete to the best of my knowledge. I understand that, should I provide untruthful or misleading information, this application may be rejected or my employment with Council subsequently terminated.

Applicant's Name (*print*):

Signature:

Date:

Thank you for your interest and for having regard to us as a potential employer.