



St Helena Secondary College

APPLICANT INFORMATION FORM

This form must be attached to the front of all 4 copies of your application.

Details of position for which you are an applicant:

Position name:
Time fraction:
Position dates:
Position Number:

Personal details:

Your name:	Date of birth:
Address:	
	Post Code:
Telephone Numbers: Home -	Mobile -
Business:	
DE&T record Number (Pin):	VIT Reg No:

Current Employment Status

1	Are you currently an ongoing employee with DEECD?	Yes	no
2	If YES to the last question, what is your current time fraction?	/10
3	What is your current employment location:		
4	Are you currently on leave from another DEECD school	Yes	No
5	If YES to the last question, what type of leave?		
6	Have you taken a Voluntary departure Package from DEECD?	Yes	No
7	If YES, on what date did your departure take effect?		
8	If your current position as a teacher is in a DEECD school and is anything other than an ongoing position, please indicate the position type below:		
	Casual (30 days or less)		
	Temporary re-deployee (from a school with excess)		
	Short term contract (up to 6 months)		
	Long term contract (more than 6 months)		
	Temporarily resumed from family leave		
	Other		
9	What teaching experience have you had?		Years/months