



St Joseph's School

APPLICATION FOR THE POSITION OF: HEAD OF PRIMARY

NAME: _____

1. Please fill in **ALL** sections of this form, even if you wish to attach a Curriculum Vitae.
2. Your covering letter should explain your reasons for applying for this position **AND** any other relevant information you may wish to include.
3. Please attach this Application Form to your letter of application and forward to the Principal's Secretary. Email applications to admin@sjsnortham.wa.edu.au All queries should be directed to 9621 3502.
4. Please ensure the Confidential References are sent to St Joseph's School by **XXX 2025**
5. The Principal reserves the right to seek information from people not listed in your application, unless specifically requested not to do so.
6. Applicants will be expected to uphold the Catholic ethos of the College.
7. **In accordance with regulations for employee screening it is necessary for all new staff in Catholic schools to be a member of the Teacher Registration Board of WA before commencing their duties. New staff must also have a current Working With Children Card.**
8. In applying for this position you will be providing St Joseph's School Northam with personal information. We can be contacted at PO Box 500 NORTHAM WA 6401 by telephone: 9621 3500.
9. 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. By submitting this application you agree that we may store this information for as long as necessary.
10. You may seek access to the 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.
11. We will not disclose this information to a third party without your consent.
12. If you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to the School and why, that they can access that information if they wish, that the School does not usually disclose the information to third parties and that we may store their information for as long as necessary.

- | Qualifications | School | Year Awarded |
|----------------|--------|--------------|
| | | |
| | | |

- | Qualifications | School | Year Awarded | Full Time Study Equivalent |
|----------------|--------|--------------|----------------------------|
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8. ACCREDITATION IN A CATHOLIC SCHOOL

(Please list accreditation information)

Accreditation	Renewal Date

9. EDUCATIONAL LEADERSHIP EXPERIENCE

(Please list all previous leadership appointments, commencing with the most recent.)

School	Leadership Position	No. of Years in Position

10. TEACHING EXPERIENCE

(Please list all previous teaching appointments commencing with the most recent.)

School	Year of Appt.	No. of Years in School	Subjects / Courses	Year Level

11. GENERAL TEACHING PREFERENCE

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

Subject / Courses
1.
2.
3.
4.
5.

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12. RELEVANT PERSONAL PROFESSIONAL DEVELOPMENT

(Give details of courses, conferences, and seminars attended within the past three years that relate to this position. Please list from most recent.)

Year (please list from most recent)	Conference / Seminar	Relevance to Position

13. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

14. Please comment on the skills you can bring to the following forms of Leadership.

STATEMENT:

Appointee will be required to successfully undertake duties under the following four key components of leadership (as per the Role Description):

1. Catholic Identity
2. Education
3. Community
4. Stewardship

For each of these four key components of Leadership, please outline your beliefs and values, as well as the initiatives in which you have been involved. Please also detail the manner in which you believe you could contribute to the School in each of these aspects of life of the School. Please limit your response to this section to no more than four pages (one page each).

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15. REFEREES *(Attach photocopies of testimonials or references if you wish)*

Professional:

Name: _____

Position: _____

Address: _____

Postcode: _____ Telephone: _____

Mobile: _____

Professional:

Name: _____

Position: _____

Address: _____

Postcode: _____ Telephone: _____

Mobile: _____

Parish Priest:

Name: _____

Position: _____

Address: _____

Postcode: _____ Telephone: _____

Mobile: _____

I CERTIFY THAT ALL THE INFORMATION PROVIDED IS TRUE AND ACCURATE.

Signature of Applicant: _____ **Date:** _____