

Mandatory Fields are indicated with *

Section 1: General Information

To be eligible for employment the below registrations are required:

- The Working with Vulnerable People (WWVP) (Background Checking) Registration. For further information, please visit the Access Canberra website or contact 6207 3000
- Asbestos Awareness Training Evidence of completion of this training delivered by a Registered Training organisation _ (RTO) www.worksafe.act.gov.au/health-and-safety-portal
- Crystalline Silica Exposure Prevention Training Evidence of completion of this training delivered by a registered Training organisation (RTO) Course in Crystalline Silica Exposure Prevention
- As part of the registration process, a pre-employment medical check is required. (Information will be provided if/when an applicant is near completion).

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Applicants should be aware that the application itself is not a guarantee of employment.				
* Section 2: Applicant Personal Details				
Family Name/Surname:	Enter Family Name/Surname	First Name/Giver	n Names:	Enter First/Given names
Preferred Phone Contact:	Enter Preferred Phone Contact	Email:	Enter Cor	ntact Email
* Section 3: Working with	n Vulnerable People (WwVP) De	etails		
A copy of your WwVP card must be attached with this application.				
WwVP Registration Number: Enter WwVP Registration Number Expiry Date: Click here to enter a date.				
* Section 4: Mandatory T	raining Details: A certified copy	y these cards m	ust be att	ached with this application
Asbestos Awareness Registr	ation: A copy of this card <u>must</u> be a	ttached with this a	pplication.	
Registration Number (If appli	Registration Number (If applicable): Enter Registration Number Expiry Date: Click here to enter a date.			here to enter a date.
Crystalline Silica Exposure Pi	revention Registration: A copy of th	is card <u>must</u> be att	ached with	this application.
Registration Number (If appli	cable): Enter Registration Number	Expiry Date:	Click	here to enter a date.
General Construction Induct	ion Card (White Card). A copy of thi	s card <u>must</u> be atta	ached with	this application:
Registration Number (If appli	cable): Enter Registration Number	Date Comple	ted: Click	here to enter a date.
*Other Training Details: If you hold any of the below qualifications you must attach all registration cards and/or certificates with this application. Manual Handling:				
Registration Number (If applicable): Enter Registration NumberDate Completed: Click here to enter a date.Risk Management:		here to enter a date.		
Registration Number (If appli	cable): Enter Registration Number	Date Comple	ted: Click	chere to enter a date.
Safe Handling of Sharps and Infectious Waste:				
Registration Number (If appli	cable): Enter Registration Number	Date Comple	ted: Click	here to enter a date.
* Section 5: Registration Information – if applicable				
Have you previously been employed with the Directorate, in what capacity? Job Type: Select			lect	
If Yes, please indicate year and in what capacity/Job Type:				
AGS Number (if known):				

* Section 6: W	ork Right Status				
Are you an Austr	alian Citizen/Permanent Resident?	Select			
If no, do you possess a current working visa? Non-Australian Citizens: You must demonstrate your right to work and residency status by providing certified true copies of the relevant pages from your passport and supporting Visa documentation.					
* Section 7: Redundancy					
Have you receive	d a voluntary redundancy from the A	CTPS in the last 12 months?	Select		
Note: If you have received a voluntary redundancy within the last 12 months, you are generally ineligible to be re-engaged until after the exclusion period has expired.					
* Section 8: BS	SO Duties and Responsibilities				
Listed below are the duties required to be performed. The list is not comprehensive and duties may vary between schools. Key Responsibility: Maintain the school buildings and grounds in a clean and tidy condition with regard to safety and security hazards and where necessary, organise emergency repairs. Duty Statement: The duties of the position require a high degree of manual activity. Applicants should possess an appropriate level of functional physical fitness.					
In accordance with Directorate policies and under general supervision, a BSO1 will:					
 Assume responsibility for the security of the school buildings, furniture, fittings and equipment. 					
 Supervise and monitor the school's maintenance programs, contractors, cleaning and security for the school and associated preschool(s). Complete risk management and safety records. 					
 Monitor the school buildings and grounds including any associated preschool(s). Undertake basic repairs and maintenance to the buildings, grounds, fittings, furniture and equipment. 					
 Operate and monitor the school's heating and cooling systems with a view to minimising energy usage OR if the school has an automated climate management system, monitor with a view to minimising energy usage. 					
•	 Assist with stock-take and the receipt and storage of equipment and supplies. 				
	 Rearrange and/or relocate furniture and equipment within reasonable safety limits. 				
	Undertake relevant administrative ta safety and appropriate record keepir	sks as required ensuring compliance in ng.	n relation to risk management,		

* Section 9:	Additional documents
	A certified copy of your WwVP, Asbestos Awareness and Crystalline Silica Exposure Prevention (Note: The WwVP card can also be used in the proof of identification)
	Qualifications – If you wish for any other qualifications to be recognised ie; Certificates/Diplomas or Degrees. Certificates of obtainment and participation are not required.

Self Disclosure



To be completed by all applicants for employment

with the Education Directorate

* Section 10: Self Disclosure

The ACTPS must ensure that public service employees are fit and proper persons. Please tell us about your work history and general conduct to help determine your suitability to work for the ACTPS.

Failure to adequately disclose relevant information may result in denial or termination of registration for casual employment, and/or cancellation of any offer of contract or permanent employment.

Are you currently under investigation for misconduct or did you leave a previous employer whilst under investigation?	Select	
If yes, please provide details		
In the past 5 years, have you been found to have engaged in misconduct?	Select	
If yes, please provide details		
Have you ever had your employment terminated on the grounds of misconduct?	Select	
If yes, please provide details		
Do you have any other relevant information to disclose about your general conduct	Select	
Have you been subject to any findings of reportable conduct?	Select	
If yes, please provide details		
Do you have any other relevant information to disclose about your general conduct, such as relevant police records, convictions to help determine your suitability?	Select	
I declare that I have supplied all information required and have not provided any false information.		
Signature: Date: Note: Please insert name and date for electronic submission – preferred method of receipt		

* Section 11: ACTPS New Employee Commencement Pack

You **MUST** now go to the ACT Government Careers and Employment webpage, scroll down to 2. Prepare all required documents and select the <u>New Employee Commencement Pack</u>.

You **MUST** complete the following documents – save and return them with this application to register form:

- Item 1 New Employee Information Pack
 - Provide certified copies of the following documents:
 - o Commencement Document | Such as Birth certificate, Australian Citizenship or Current Passport
 - Primary Document | Such as Marriage certificate, Driver's licence, or Proof of Age.
 - Two Secondary Document(s) | Such as Medicare card or Proof of Identity Card.

For further information on the required Proof of Identity documents, please go to: <u>https://www.jobs.act.gov.au/how-we-hire/accept-your-offer/national-police-check-and-self-disclosure-pack</u>

You **MUST NOT** complete:

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- Item 2e Nationally Coordinated Criminal History Check
- Item 3 Medical Assessment Form

Once you have completed the New Employee Commencement Pack, this application form and have certified copies of all required documents, please sign the declaration below and then submit all documents to <u>EDUCasualRecruitment@act.gov.au</u>

* Section 12: Declaration

I acknowledge the information I have provided on this form is true and correct.

Signature: Date: Enter Date

Note: Please insert name and date for electronic submission - preferred method of receipt

For further information please visit the <u>ACT Education Directorate Website</u> or phone on (02) 620 55000.