Registration No. A0044267Z ABN 72 072 125 464 PO Box 2126 Bakery Hill, Vic. 3354 Phone/Fax: 5339 5055 Mob: 0400 089 143



| Position Applied For:- please tick Relief Teacher Relief Assistant | | | | | | |
|--|---------------|--|------------|----------------|--|--|
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| Applicant Inf | Formation | | | | | |
| Last Name | | | First Name | | | |
| Address | | | | | | |
| Contact Ph | M: | | H: | | | |
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| Education Qu | ualifications | | | | | |
| | Institution | | Major Area | Year Completed | | |
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| Other Relevant Training | | | | | | |
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| Special Interests and other Relevant Experience | | | | | | |
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Working With Children Check

You will be required to provide a satisfactory and current Working With Children Check or VIT ECT Registration prior to commencement.

Regulatory Requirements

The Eureka Community Kindergarten Association Inc is required to operate and manage kindergartens and preschools in accordance with the provisions of the Education and Care Services National Law Act 2010, and Education and Care Services National Regulations. Both the Act and the Regulations require, amongst other things, that the staff provide an active, adequate and efficient centre. We have designed the following questions to assist us to meet our responsibilities under these regulations.

Medical Conditions

You are requested to disclose all pre existing injuries and diseases suffered by you which:

- COULD be affected by the nature of your proposed job; or
- Will require ECKA to make special allowance for or provide additional facilities or equipment to assist you.

NB if you:

- Fail to disclose this information; or
- Make a false or misleading disclosure.

Section 82(8) of the *Accident Compensation Act 1985* will apply. **This means that you will not be entitled to Workers Compensation** for any recurrence, aggravation, acceleration, exacerbation or deterioration of the pre existing injury or disease (if it is sustained in the course of or due to the nature of your employment with the preschool).

You are not obliged to divulge questions relating to medical conditions which do not fall into the above categories. However, your overall health management may be assisted if you do. It will provide ECKA with a more complete picture of your health status.

This information will be treated as confidential.

The only time any information will be used is when it is relevant to your capacity to carry out your employment duties. It will only be revealed to those people who need to know in the interests of your health and safety (or the health and safety of fellow Employees).

Are you aware of any medical conditions such as a pre existing injury or disease, which may affect your ability to perform any of the duties of this position? (Please read the attached position description before completing this section.)

Yes No

If Yes, please complete and provide details of any pre-existing medical conditions, injury or disease.

| Pre-existing Medical Condition, Injury or Illness | State any duties, position requirements or abilities which may be affected. | | |
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| Please advise whether there are any additional services or facilities that could enable you to perform the duties of the position. | | | |
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Privacy Statement: ECKA's Privacy Policy collection statement is attached and outlines how ECKA will use and manage the personal information including health information you provide by completing this application and Work History Form.

Work History Form

| Name: | | | | | | |
|----------------|----------------|-----------------------------------|------------|--------|---------------------|-------------|
| Please comp | lete work his | tory chronologically starting fro | m most red | cent p | oosition/experience | |
| Start Date | End Date | Workplace | | | Position Held | Hours /Week |
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| References | | | | | | |
| Please list tw | vo (2) profess | sional referees | | | | |
| Full Name | | | Relations | hip | | |
| Company | | Phone N | | | | |
| | | | | | | |
| Full Name | | | Relations | hip | | |
| Company | | | Phone No |). | | |

| Disclaimer and Signature | | | |
|------------------------------|--|----------|----------------|
| an assessme | the above particulars are correct. I acknowledge that this informent of my ability to undertake this job. I accept that if any of could be terminated or a job offer could be withdrawn. | | |
| I give ECKA n | ny consent to check with my listed referees any information relev | ant to m | y application" |
| | | | |
| Signature | | Date | |
| | | | |
| | | | |
| Please attack | h | | |
| • your CV | or Work History Form provided, | | |
| names o | f two referees with their contact telephone numbers. | | |
| A copy o | f your qualifications | | |
| • Current | first aid certificate (HLTAID004) | | |
| • Working | with Children Check or VIT FCT Registration | | |

Privacy Policy Collection Statement

Eureka Community Kindergarten Association (ECKA) believes your privacy is important.

ECKA have put in place a Privacy Policy, which illustrates how ECKA will collect, use, disclose, manage and transfer personal information including health information. This policy is available on request from ECKA.

ECKA is, in some of their activities, bound by privacy legislation. If ECKA needs to collect health information they are subject to the Health Records Act (Vic). If information is collected as a service provider to the State Government, ECKA is covered by the Information Privacy Act (Vic). Otherwise, for all other transactions involving personal information, ECKA is not covered by privacy legislation, and our Privacy Policy may not apply. If you are unsure about this, please contact the ECKA Manager.

Purpose for which information is collected.

The reasons for which ECKA generally collect personal information are:

| Personal information and health information collected in relation to: | Primary purpose for which information will be used |
|---|---|
| Children and parents/guardians | To enable us to provide for the education and care of the child attending the service and to enable us to manage and administer the services as we are required. |
| ECKA Board Members and Kindergarten Committee members | For the management of the service by the Board or Committee. |
| Job applicants, employees, contractors, volunteers and students | To assess and (if necessary) to engage the employees, contractors, volunteers or students, as the case may be: To administer the individual's employment, contracts or placement of students and volunteers. |

You should be aware that under relevant privacy legislation, other uses and disclosures of personal information are permitted, as set out in that legislation.

Disclosure of personal information, including health information.

ECKA may disclose personal information, including health information, held about an individual to:

- Government departments or agencies as part of our legal and funding obligations;
- Local Government in relation to enrolment details for planning purposes;
- Organisations providing services related to employee entitlements and employment;
- Anyone to whom the individual authorises us to disclose information.

Laws that require us to collect specific information.

The Education and Care Services National Regulations 2012 and Education and Care Services National Law Act 2010, Incorporations Reform Act 2012 and employment related laws and agreements require us to collect specific information. Failure to provide the required information could affect:

- A child's enrolment at the service;
- An employee's employment;
- The Board's ability to function as an incorporated association.

Access to information.

Individuals on whom ECKA hold personal or health information are able to gain access to this information in accordance with applicable legislation. The procedure for doing this is set out in ECKA's Privacy Policy, which is available on request.

For information on the Privacy Policy please contact the ECKA Administration Staff.