



# BETHANY CHRISTIAN SCHOOL

## Relief Teacher Application

*Bethany Christian School (ELC to Year 6) is a teaching ministry of The Church at Bethany, a Pentecostal Church belonging to the Apostolic Church of Australia.*

---

### Personal Information

**Date:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### Christian Experience and beliefs:

Give a brief account of your Christian experience and conversion: \_\_\_\_\_

\_\_\_\_\_

What is your local church affiliation: \_\_\_\_\_

Minister/Pastor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Minister/Pastor's Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Are you active in your Church? \_\_\_\_\_ In what capacities? \_\_\_\_\_

\_\_\_\_\_

What are your views about the authority and historical accuracy of the Bible?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## QUALIFICATIONS:

What degree or degrees do you hold?

DEGREE	NAME OF INSTITUTION	YEAR CONFERRED

What were your major fields of study?

---

---

---

What were your minor fields of study?

---

---

---

## EXPERIENCE:

List all your teaching experience:

YEARS	SCHOOL	CLASS TAUGHT

Circle any of the following for which you have special training, experience or interest:

Singing

Art

Computers

Choir

Physical Education

School Newspaper

Indonesian

LOTE

Piano

Science

Hand Crafts

Other Languages

Library

Special Education

Other musical instruments

Any other not listed? \_\_\_\_\_

**TEACHING:**

Do you have a S.A. Teacher's Registration Certificate? \_\_\_\_\_ Registration No. \_\_\_\_\_

What is/was your last/present teaching position? \_\_\_\_\_

When did you resign (or intend to resign)? \_\_\_\_\_

**REFERENCES:**

List below people who can testify as to your character or professional ability (include your Pastor/Minister, and if possible, a Principal or Supervisor under whom you have taught recently.) Please attach copies of at least one current character and one professional reference as indicated below.

**CHARACTER REFERENCES:**

NAME	ADDRESS	TELEPHONE

**PROFESSIONAL REFERENCES:**

NAME	ADDRESS	TELEPHONE

## HEALTH

List details of pre-existing illnesses, complaints, conditions, injuries, etc.

---

---

---

---

If you have a pre-existing condition, provide details how this will affect you as you carry out your duties:

---

---

---

Have you ever made a Workers Compensation claim? YES/NO

If YES give details:

---

---

## GENERAL

Are there any facts, limitations or problems of which we should be aware? YES/NO

If YES please specify:

---

---

---

---