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| --- | --- |
| **Name:** |  |

**External Application Form**

**For**

**Positions of Leadership**

**at**

**MacKillop College**

|  |  |
| --- | --- |
| **Position Applying For:** |  |

**Personal Details**

|  |  |
| --- | --- |
| **Surname:** |  |
| **Given Name(s):** |  |
| **Home Address:** |  |
|  |  |
| **Home Telephone:** |  |
| **Mobile Phone:** |  |
| **Email Address:** |  |

**Current Appointment**

|  |  |
| --- | --- |
| **School Name:** |  |
| **School Address:** |  |
|  |  |
| **School Telephone:** |  |
| **Current Position:** |  |

**Teaching Experience**

*Please indicate your experience in education over the last 6 years:*

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| --- | --- | --- | --- |
| **School** | **Position** | **Dates/Years** | **Full Time/**  **Part Time** |
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**Experience in Educational Leadership**

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| **Leadership Position** | **Dates/Year(s)** |
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**Professional Associations**

Please list any professional associations to which you belong or have belonged in the past, and indicate any position held and your involvement:

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| --- | --- |
| **Association** | **Position Held/Involvement** |
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**Parish, Community and Recreational Involvement**

Please list any community and/or recreational groups to which you belong or have belonged in the past and indicate your involvement.

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| **Parish, Community & Recreational Group** | **Type Of Involvement** |
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**Initial Teaching Qualification**

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| --- | --- | --- |
| **Teacher Training Institute:** |  | |
| **Initial Qualification Gained:** |  | |
| **Date of Completion:** |  | |
| **Victorian Institute of Teaching Registration No:** | |  |

**CECV Accreditation**

|  |  |
| --- | --- |
| **Training Institution:** |  |
| **Certificate Number:** |  |
| **Date:** |  |

**Further Teaching / Education / Leadership Qualifications**

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| --- | --- | --- |
| **Institution** | **Qualification Gained** | **Date Of Completion** |
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**Professional Development activities undertaken in the last two years**

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| --- | --- | --- |
| **Institution** | **Professional Development Activity** | **Date(s)** |
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**Referees**

Names and addresses of persons who have consented to act as referees and who are competent to comment on your educational ability, your current professional position and your suitability for this POL.

**Current Principal or Employer**

|  |  |  |
| --- | --- | --- |
| **Name**: | | |
| **Position**: | | |
| **School / Institution**: | | |
| **Address**: | | **Postcode**: |
| **Telephone**: | **Mobile**: | |

**Professional Referee**

|  |  |
| --- | --- |
| **Name**: | |
| **Position**: | |
| **Telephone**: | **Mobile**: |

**Professional Referee**

|  |  |
| --- | --- |
| **Name**: | |
| **Position**: | |
| **Telephone**: | **Mobile**: |