



Rosary School

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Prospect 5082

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TRT APPLICATION FORM

NAME	
ADDRESS	
TELEPHONE	HOME: MOBILE:
EMAIL	
MEDICAL	List any conditions: I have a medical plan: Y or N
EMERGENCY CONTACT	NAME: NUMBER:
REGISTRATION NO	
QUALIFICATIONS	
NO OF YEARS TEACHING	
PREFERRED YEAR LEVEL	
DAYS AVAILABLE	
REFEREES (2)	
Have you ever been dismissed from a teaching position?	Yes/No
Have you ever been convicted of a criminal offence?	Yes/No
Have you completed the attached Details of Training & Qualifications form & provided copies as requested	Yes/No

Details of Qualifications & Training

Please complete the details relating to your Qualification and Training and return with your completed application.

Please ensure that signed copies are attached where requested.

Full Name: _____ **DOB:** _____

Qualification (s)

Date Completed		
Signed Copy of Original Attached	Yes No	If no please comment

Qualification (s)

Date Completed		
Signed Copy of Original Attached	Yes No	If no please comment

Teachers Registration (Teachers Only)

Date of Expiry		
Signed Copy attached	Yes No	If no please comment

First Aid Training

Date Completed		
Signed Copy attached	Yes No	If no please comment

Responding to Abuse & Neglect Training – 7 hour (if no longer available Teachers Registration is acceptable)

Date Completed		
Signed Copy Attached	Yes No	If no please comment

Responding to Abuse & Neglect Training – Refresher (if applicable)

Date Completed		
Signed Copy Attached	Yes No	If no please comment

Drivers Licence

Driver's Licence Number		
Class of Licence		
State of Issue		
Expiry Date		
Signed Copy Attached	Yes No	If no please comment