



APPLICATION COVER SHEETS
PAGE 1 OF 2
(ABORIGINAL EDUCATION WORKERS)

There are two pages which must be attached as two front pages of your application. They are not considered to be pages of your application. They comprise this page and page 2, Referee Names and Contact Numbers.
Please complete both these pages

Advertised role title:					
Classification level of advertised role:					
Family name:		Given name:		Education ID: (if applicable)	
Current role:				Home ph:	
Current agency: (if applicable)				Work ph:	
Current level: (if applicable)		Qualifications: (mark highest)	Secondary ☐ Tertiary ☐	Post-Sec Certificate (inc TAFE) ☐ Post-Tertiary ☐	
Current location (tick one)		Metro* ☐ or Country ☐	Male ☐ Female ☐		
* "Metro" means the extended Adelaide metropolitan area.					
Current appointment status:		Ongoing ☐ Term ☐ Other ☐	(Description)		
Current period of employment (if term)		from: (dd/mm/yyyy)		to: (dd/mm/yyyy)	
Please indicate, by initialling the appropriate box, if you wish your application documentation to be kept confidential. (If you do, the Department undertakes to maintain that confidentiality, subject to disclosures which have your consent, or are necessary for the processing of this application, or as otherwise required by law).					
Keep confidential		Not keep confidential		(Initial one)	

I identify as Aboriginal / Torres Strait Islander Yes / No (circle one)

ELIGIBILITY (select one) Australian citizen ☐ Australian residency ☐

Visa ☐ (Type of visa)

Have you accepted a Targeted Voluntary Separation Package from South Australia Public Sector in the last 3 years?

Yes ☐ No ☐

APPLICANT'S DECLARATION:

I declare that :

- Are you currently the subject of a formal underperformance process? Yes ☐ No ☐
- Are you currently the subject of an investigation/enquiry which may result in disciplinary action against you? Yes ☐ No ☐
- Have you been the subject of an investigation/enquiry resulting in disciplinary action against you? Yes ☐ No ☐

If you have indicated current or past involvement in any of these matters please provide relevant details on an attachment. The Department undertakes to maintain confidentiality as appropriate, subject to disclosures which have your consent, or are necessary for the processing of this application, or as otherwise required by law.

I declare that to the best of my knowledge the information in this application is true and correct.

Applicant's signature: _____ Date: / /

.../2

REFEREE NAMES AND CONTACT NUMBERS: Please note that one of these referees must generally be your current line manager.
(If you wish, provide details of additional referees on an attachment)

Name:		Name:		Name:	
Role title:		Role title:		Role title:	
Location:		Location:		Location:	
Phone:		Phone:		Phone:	