

## St Paul Lutheran School

## CONFIDENTIAL TO THE PRINCIPAL APPLICANT DECLARATION FORM FOR SCHOOL EMPLOYEES

| NAME:  |                                  |  |   |                            |
|--|----------------------------------|--|---|----------------------------|
| ADDRESS:  EMAIL:  MOBILE:  POSITION FOR WHICH APPLICATION IS MADE:   |                                  |  |   |                            |
|  |                                  |  | Please respond to each of the questions below, and add discussion with the Principal/Principal's delegate ramore of the questions. YOU MUST SUBMIT YOUR APTHE CLOSING DATE. | ther than answering one or |
|  |                                  |  | 1. Have you ever been charged with a criminal offence? <i>If yes, please provide details:</i>   |                            |
|  |                                  |  | 2. Have you ever received a written warning or been disallegations of improper or unprofessional conduct or un  |                            |
| If yes, please provide details:  | Yes 🔲 No 🔲                       |  |   |                            |
|  |                                  |  |   |                            |
| 3. Our process includes asking referees whether there a in your regard.  Do you foresee any problem arising from this process? | are any child protection concern |  |   |                            |



| 4. Do you have an up to date Covid 19 Vaccin  | yes $\square$ No $\square$   |
|---|--|
| 5. I am willing and able to adhere to St Paul L   | utheran School COVID-19 Vaccination  |
| Policy  | Yes No No  |
| Evidence of a criminal history, that may be children, will not automatically preclude a employed.  The requirement for full and honest disclosur condition ofinitial and ongoing engagement, are successful in your application, you will not significant change in your circumstances that example, criminal offence charges and convisintervention orders, disciplinary proceedings | a person from being or remaining  The during the screening process shall be a  In signing this form you declare that, if you  patify the Principal should there be a  trelates to the screening process; for  ictions, restrainingorders, injunctions, |
| Signed:   | Date:  |
| OR  |  |
| I have opted not to answer one or more of meeting be arranged between myself and  |  |
| Signed:   | Date:  |
| OFFICE USE:   |  |
| Principal's signature:  | Date:  |
| Referred on:  | Date:  |