



Blue Gum Montessori School Application Form

Blue Gum Montessori School is committed to providing a child-safe environment which safe guards all students and is committed to promoting practices which provides for the safety, wellbeing and welfare of our children and young people. Blue Gum Montessori School expects all school community members including staff, volunteers, students, visitors and contractors to share this commitment.

Surname: _____ Title: _____

Given Names: _____

Preferred Name: _____

Preferred Teaching Subjects (if applicable): _____

Other Subjects Qualified to Teach (if applicable): _____

Qualifications Obtained: _____

Previous Work History (if no resume, most recent employer first)

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

_____ From: _____ To: _____

Street Address: _____

Postal Address (if different to above): _____

Home Telephone: _____ Personal Mobile: _____

Home Email: _____

Date of Birth (not mandatory): _____ Drivers Licence Number: _____

Vehicle Registration: _____ Vehicle Make and Model: _____

Person to contact in case of emergency:

Name: _____

Address: _____

Relationship: _____ Contact Telephone: _____

Second person to contact in case of emergency:

Name: _____

Address: _____

Relationship: _____ Contact Telephone: _____



Medical Details:

Name of GP: _____ Contact Number: _____

Address of GP: _____

Name of Specialist: _____ Contact Number: _____

Medicare Number: _____

Private Health Fund: _____ Membership Number: _____

Allergies: _____

Child/ren's Names:

_____ Year of Birth: _____ Attending BGMS? _____

_____ Year of Birth: _____ Attending BGMS? _____

_____ Year of Birth: _____ Attending BGMS? _____

_____ Year of Birth: _____ Attending BGMS? _____

_____ Year of Birth: _____ Attending BGMS? _____

Are you Aboriginal or Torres Strait Islander heritage? *(Fairwork Australia statutory reporting obligations)*



Yes No

Are you from a Non-English speaking background (i.e. English is not your first language)?

Yes No

What language/s, other than English, are you able to speak? _____

Please attach copies of appropriate checks, registration and qualifications as listed below:

-  If you have made application for any of these certificates, please write "Applied" to the right and attach the receipt.
-  Please initial to the right to indicate documents are attached.

Teachers Registration Board Number (TRB): _____

Working with Children Check Number: _____

Federal Police Clearance (applicable to Operations and Administration only): _____

All Qualifications obtained: _____

Passport or Birth Certificate: _____

Visa Information: _____

Change of name (if applicable): _____



Health Information and History:

- 📌 The purpose of this assessment is to ensure that all people considered for, and employed at, BGMS are fit and safe to perform proposed duties.
- 📌 Disclosure of a health condition, injury or disability is not a barrier and does not necessarily preclude employment. However, BGMS reserves the right to request a pre-employment medical assessment by a nominated Medical Practitioner or specialist.
- 📌 Should you make the decision not to disclose medical conditions, injuries or disabilities that may impact on your ability to carry out your duties, BGMS may not accept liability for medical treatment you did not receive as a result of not having this knowledge.
- 📌 Information collected shall only be accessed by the Principal, Human Resources Manager and the Health Centre as required.
- 📌 Consent to participate and receive first aid.

Have you had or do you have any of the following?:

High blood pressure or heart disease?	Yes	No	
Diabetes? See action plan	Yes	No	
Asthma, bronchitis, wheeze of other lung disease?	Yes	No	
Back, neck or spinal injury?	Yes	No	
Stomach pains, ulcers or hernia?	Yes	No	
Whiplash injury?	Yes	No	
Frequent or persistent headaches?	Yes	No	
Arthritis/rheumatism?	Yes	No	
Eczema/dermatitis/other skin problems?	Yes	No	
Hip/knee/ankle injury?	Yes	No	
Anxiety or mental health issues?	Yes	No	
Shoulder/elbow/wrist injury?	Yes	No	
Depression?	Yes	No	
Other joint injury/stiffness/pain?	Yes	No	
Problems with your eyes/vision?	Yes	No	
RSI/Occ overuse syndrome?	Yes	No	
Blood disorders or cancer?	Yes	No	
Specific Dietary Requirements?	Yes	No	If yes, please specify in the space below
Allergies?	Yes	No	If yes, please specify in the space below
Alcohol or drug related problems?	Yes	No	
Other health conditions not listed?	Yes	No	If yes, please specify in the space below



Have you ever been injured at work, suffered from a work-related illness or submitted a Workers' Compensation Claim?

Yes No

Have you ever been discharged from or resigned from a job for medical reasons?

Yes No

Are you currently receiving treatment from a doctor?

Yes No

Have you had an operation or received treatment in hospital in the last two years?

Yes No

Have you been a patient in a hospital overseas, nationally or locally during the past 12 months?

Yes No

If yes, where: _____

Are you taking regular medications?

Yes No

Are you a smoker?

Yes No

If yes, are you aware that BGMS is a non-smoking school?

Yes No

Have you been immunised against Tetanus?

Yes No

Date of immunisation: _____

Have you been immunised against Hepatitis B?

Yes No

Date of immunisation: _____

Details of Medical Conditions

If you circled YES to any of the questions above, please provide full detail in the space below (e.g. if you had an injury in the past, describe how and where it occurred, when it occurred, and treatment received. For ongoing conditions, think about things you are being treated for and any action plans that need to be put in place to assist you.)

Any further information to share:



Privacy Statement

BGMS is required to collect the above information for administrative use to ensure duty of care responsibilities are met. The information collected shall not be used for any other purpose or be disclosed to any other party.

If any of your personal details change during your employment with BGMS, it is your responsibility to immediately notify Human Resources via email.

Application Declaration

I understand that appointment to a role will be contingent on the satisfactory outcome, in the opinion of BGMS, of a criminal history and/or disciplinary check.

Yes No

Referees

Consent to Undertake Background Checks

Please provide 3 working references, from those who have been in a supervisor capacity.

Name _____

Contact Number _____ Email _____

Name _____

Contact Number _____ Email _____

Name _____

Contact Number _____ Email _____

I give permission for Blue Gum Montessori School to contact the above referees.

I consent to BGMS undertaking relevant background checks in relation to me which may include all or any of the following:

- Previous employment checks including obtaining all relevant disciplinary information from current and/or previous employers relating to allegations of harm caused to a child;
- Employment screening including criminal history;
- Teaching Registration Authority, for example the TRBWA.

Yes No

I certify that there are no reasons why I should not be suitable for employment, or that may hinder me from fulfilling the inherent requirements of this position. I certify that the information contained in this application is true and correct.

Signature: _____ Date: _____



Employee Declaration and Policy Compliance

- 👁 I understand that Section 79 of the Workers' Compensation and Rehabilitation Act of 1981 (as amended) provides WorkCover the discretion to refuse to award compensation which would otherwise be payable where it is provided that the employee had, at the time of seeking or entering employment, wilfully and falsely represented himself or herself as not having previously suffered from the disability, the subject of the claim for compensation.
- 👁 I shall uphold the values of Blue Gum Montessori School (BGMS) and comply with all policies and procedures as documented, published and amended from time to time.
- 👁 I shall comply with the BGMS terms and conditions of employment as they are explained to me, with all lawful and reasonable instructions that I may receive.
- 👁 I understand that I will be bound by the policies and procedures of BGMS as amended from time to time and will generally be provided 7 days notice of any changes in writing for most policies. However, I accept that those affecting health, safety or wellbeing of employees or students may be effective immediately with less than 7 days notice provided.
- 👁 I shall comply with the statutory duties of an employee, as defined in the BGMS Occupational Health and Safety Policy and Procedure, Occupational Safety and Health Act 1984 and the Occupational Safety and Health Regulations 1996.
- 👁 I agree to notify BGMS immediately if I am convicted of, or charged with, an indictable offence.
- 👁 I understand that employment will involve me in training and development, and I accept that I will be required to undertake all training BGMS deems necessary.
- 👁 I agree that if requested, I will undergo a medical examination to assess my current health and fitness to perform the job I am doing at the time. If I am found to be unfit or at an increased risk, my employment may be terminated.
- 👁 I agree that I will complete Drug and Alcohol testing throughout the period of employment, if requested to do so in line with the Staff Code of Conduct. I understand that if tests are found positive, my employment may be terminated.
- 👁 Should I suffer a workplace injury or disease, I agree to BGMS utilising any leave entitlement owing to me until such time as a decision is made on the acceptance or denial of the pending WorkCover claim. Leave entitlements will be reimbursed on acceptance of the claim.
- 👁 I understand that to be employed at BGMS ongoing, I am to obtain and keep current all relevant clearances and registrations as required by law or BGMS for the role to be undertaken. This includes, but is not limited to, Working with Children Check, Federal Police Clearance and Teachers' Registration Board certification.
- 👁 I understand that BGMS is committed to preventing child abuse and identifying risks early and reducing these risks. I understand that BGMS has a robust human resources and recruitment policies to reduce the risk of child abuse by new and existing staff and volunteers. I understand that BGMS is committed to regularly training and educating our staff and volunteers on child abuse risks. I understand that BGMS has specific policies and procedures in place that support our staff and volunteers to achieve the continued safety and wellbeing of BGMS students.

Signature: _____ Date: _____



Consent to Participate and Receive First Aid Form

I agree to be given First Aid by either another BGMS Staff member and/or medical services should the need arise. I understand every effort will be made to contact my nominated emergency person in the case of an emergency, however if this is not possible, I give permission to receive medical attention and agree to meet any expenses incurred for medical treatment and evacuation deemed necessary for my safety. This agreement shall be governed in all respects by and in accordance with the Laws of Australia.

Signature: _____ Date: _____