Information on Teachers at Edu-Kingdom College

First Name:		Surname:		
□ Male □ Femal	e Email Address	(if available):		
Date of Birth:	29	Marital Sta <mark>tus</mark>		
Phone Number: (Hom				
Postal Address:				Postcode:
Currently teaching at: (name of school)				
VIT Number:		Work <mark>ing wi</mark>	<mark>th Childr</mark> en	Check: □ Yes □ No
Teaching Subjects (please state to what level. e.g. Yea <mark>r 12)</mark>				
Formal Qualifications:				
Work experience (inc. coaching experience):				
I am able to teach in □ Box Hill □ Craigiebus □ Hallam □ Malvern □ I □ South Morang □ Spe Please state the days □ Mon. □ Time:	rn Cranbourne Wes Melton Mitcham ringvale St Albans s and times preferro Tue. Wed.	t □ Footscray □ Geeld Officer □ Ormond □ F □ Truganina □ Wantir ed (if any): □ Thu. □ F	ong □ Glen W Rowville □ Pre na □ Werrib	eston Dee
* TFN (Tax File Num	ıber):		_	
* Superannuation Company:		Membership Number:		
PLEASE NOTE: IT IS AGAINST OUR POLICY FOR TEACHERS TO PRIVATELY TUTOR ANY OF EKC COLLEGE STUDENTS.				
PLEASE READ THE CONDITIONS CAREFULLY BEFORE SIGNING: 1. There is a 2-month probationary period for all new teachers as we assess their suitability to our college. 2. Teachers are required to give a minimum of 1 MONTH notice before resigning. 3. If for some reason you cannot attend the class, it is your responsibility to arrange for a relief teacher who can competently teach in your place. 4. In case of absence, you must inform the office as soon as possible. 5. Any information regarding the operation of Edu-Kingdom College must be kept confidential. I agree to comply with the conditions stated above. Signed Date: / / The above information will be kept strictly confidential (with the exception of experience and name of the school) and we will be happy to keep any information confidential if our teachers				
request it.	id we will be liappy to			iai ii our leachers
Office Use Only (A.N:		/ BSB:	/ A.N:	