



CARINE SENIOR HIGH SCHOOL

Seeking Excellence in Education

RELIEF TEACHER INFORMATION FORM 2020

Title: (Mr, Mrs, Ms, Miss) _____	
Surname: _____	Previous Surname (if changed) _____
Given Name : _____	If no ID phone Ed Dept 9264 4111, Recruitment Dept. Must be provided for registration as a Relief Teacher
Email address : _____	
HRMIS (ID): _____	
Have you uploaded your information to "Class Cover"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Teachers Registration Number: _____	<input type="checkbox"/> Copy attached
Working with Children Number: _____	<input type="checkbox"/> Copy attached
Certificate for Child Protection Online: (Do online once employed)	<input type="checkbox"/> Copy attached

Major Teaching Area _____	Bus Licence Yes / No Surf Rescue Yes / No Bronze Medallion Yes / No
Minor Teaching Area _____	
Academic Qualifications _____ _____	

Residential Address	Teaching Experience
Number: _____	Year commenced: _____
Street: _____	
Suburb/Town: _____	Other experience (Subject & Year levels) _____
State: _____	_____
Postcode: _____	_____
Phone Number: _____	
Mobile Phone: _____	

Emergency Contact Address
Contact Surname: _____
Given Name: _____
Work Phone Number: _____
Home Phone Number: _____
Relationship: _____

Relief Teacher Information 2018 Form FN120