



CARINE SENIOR HIGH SCHOOL

Seeking Excellence in Education

RELIEF TEACHER INFORMATION FORM 2024

Title: (Mr, Mrs, Ms, Miss) _____

Surname: _____ Previous Surname (if changed) _____

Given Name: _____ Mobile Number: _____

Home Address: _____

Email Address: _____

HRMIS (ID): **E** _____ CV: Please attach a copy

Do you have a profile on **ClassCover**? YES NO (if no, please create a profile [here](#))

Have you applied for **Casual Staff Seeker**? YES NO (if no, please apply [here](#))

National Security Screening (SCN) _____

Teachers Registration Number: _____ Exp: _____

Working with Children Number: _____ Exp: _____

Please attach a copy

Major Teaching Area: _____

Minor Teaching Area: _____

Academic Qualifications: _____

Bus Licence: YES NO

Surf Rescue: YES NO

Bronze Medallion: YES NO

Teaching Experience: Year Commenced: _____

Other experience (Subject and Year Levels): _____

Emergency Contact:

Contact Surname: _____ Given Name: _____

Phone Number: _____ Relationship: _____