Application for a Salary Assessment for Victorian Catholic Teachers

The information collected on this form is required by the school to determine your commencement salary.

Privacy

The information collected on this form is for the purpose set out above and is required to process your request. Your information will not be disclosed without your consent or unless authorised or required by law. You are able to request access to the personal information that we hold about you, and request that it be corrected by contacting the school.

Personal Details

Name: (Mr/Mrs/Miss/Ms/Dr) _____
Circle *First Name* *Middle Name* *Surname*

Postal Address: _____
Street Address

_____
Suburb *State* *Post Code*

Date of Birth: ___/___/_____ C Number (if applicable): C_____ VIT Registration Number: _____

Type of VIT Registration: Full: ☐ Provisional: ☐ Permission to Teach: ☐ CRT: ☐ Returning: ☐

Teaching Experience and Additional Qualifications

1. Are you currently employed as a teacher in a Victorian Catholic School?

No: ☐ *Go to Question 2.*

Yes: ☐ *Provide details below then go to Question 2.*

School: _____

Location: _____

E Number: _____ Ongoing: ☐ Fixed Term: ☐

2. On 29 October 2008 were you employed on an ***ON-GOING/PERMANENT*** basis as a teacher in a Victorian Catholic school?

No: ☐ *Go to Question 3a below.*

Yes: ☐ *Provide details below then go to Question 3b.*

School: _____

Location: _____

E Number: _____

3a. Do you have any qualifications at Masters level, its equivalent or higher? *(Maximum of two.)*

No: ☐ *Go to Question 4a.*

Yes: ☐ *Provide details below then go to Question 4a. You MUST attach evidence of Qualifications.*

i. Qualification: _____

Institution: _____

Year Completed: _____

ii. Qualification: _____

Institution: _____

Year Completed: _____

3b. Have you gained any qualifications at Masters level, its equivalent or higher since 29 October 2008?

No: ☐ *Go to Question 4b.*

Yes: ☐ *Provide details below then go to Question 4b. You MUST attach evidence of qualification.*

i. Qualification: _____

Institution: _____

Year Completed: _____

ii. Qualification: _____

Institution: _____

Year Completed: _____

4a. Have you ever been employed as a teacher at any registered school in Australia or elsewhere on a full time or part time basis? *(Please note: emergency/ relief/casual teaching experience should not be included.)*

No: ☐ *Go to Attachments below.*

Yes: ☐ *Provide details below then go to Question 5.*

i. School: _____

Location: _____

Start Date:___/___/_____ End Date:___/___/_____

ii. School: _____

Location: _____

Start Date:___/___/_____ End Date:___/___/_____

iii. School: _____

Location: _____

Start Date:___/___/_____ End Date:___/___/_____

iv. School: _____

Location: _____

Start Date:___/___/_____ End Date:___/___/_____

4b. Have you been employed as a teacher at any other registered school *(excluding Victorian Catholic Schools)* in Australia or elsewhere since 29 October 2008? *(Please note: emergency/relief/casual teaching experience should not be included.)*

No: ☐ *Go to Attachments below.*

Yes: ☐ *Provide details below of NON Victorian Catholic schools ONLY then go to Question 5.*

i. School: _____

Location: _____

Start Date:___/___/_____ End Date:___/___/_____

ii. School: _____

Location: _____

Start Date:___/___/_____ End Date:___/___/_____

iii. School: _____

Location: _____

Start Date:___/___/_____ End Date:___/___/_____

iv. School: _____

Location: _____

Start Date:___/___/_____ End Date:___/___/_____

Certified copies of Statements of Service must be provided for each of the schools listed above.
These must specify that employment was in a teaching role and the start and end date of the employment.

If you require additional space please attach another sheet.

5. Did you take any period of Leave Without Pay (such as unpaid Maternity Leave) during your employment at the schools you have listed in Question 4a or b?

No: ☐ *Go to Attachments below.*

Yes: ☐ *Provide details below then go to Attachments.*

i. School: _____

Location: _____

Leave Start:___/___/_____Leave End:___/___/____

ii. School: _____

Location: _____

Leave Start:___/___/_____Leave End:___/___/____

If you require additional space please attach another sheet.

Attachments

Please ensure you have attached copies of the following (if applicable):

☐ Evidence of qualifications if you have answered 'yes' to either Question 3a or b.

☐ Statements of Service or Contracts of Employment from each school you have listed in Question 4a or b.

Declaration and Authorisation

I certify that the information I have provided is true and accurate to the best of my knowledge and I authorise the principal to contact any former employers and educational institutions to confirm my employment history and qualifications. I understand that my assessment may not be completed if I have not attached the required evidence of experience and qualifications.

Signature of Applicant: _____ Date:___/___/____