

# APPLICATION FORM

## DECD SWIMMING & AQUATICS EMPLOYMENT

Complete and post to:  
Swimming & Aquatics Unit  
Level 1 East,  
31 Flinders Street,  
Adelaide. S.A. 5000

or

Complete and email to:  
[DECDSwimAquatics@sa.gov.au](mailto:DECDSwimAquatics@sa.gov.au)

Complete all details of the application form.

**IMPORTANT:** any missing information will result in the return of this application or delay the process.

### 1. Personal details:

Title	Mr.	Mrs.	Miss.	Ms.	Dr.
Family name	.....				
Given name(s)	.....				
Previous names (if applicable)	.....				
Date of birth	.....				
DECD identity no (if applicable)	.....				

### 2. Residential address:

Street .....

Suburb ..... Post code.....

### 3. Postal address: (if same as residential address write "as above")

Street .....

Suburb ..... Post code.....

### 4. Contact details:

Home Phone..... Mobile phone.....

Email address: .....

Alternative (emergency) contact number .....

<b>5. Referees:</b>	
Name.....	Name.....
Position held:.....	Position held .....
Location .....	Location .....
Phone (wk): .....	Phone (wk):.....
Phone (mob):.....	Phone (mob):.....

**6. Teaching experience**

Are you a registered teacher in South Australia?    Yes        No

    If yes please provide expiry date and total number of years teaching experience:  
    In DECD:.....  
    In other school(s) education authorities:.....  
    Expiry date:.....

**7. Dismissals/retirements/resignations**

Have you ever been dismissed from a teaching appointment?    Yes        No

    If Yes state month and year .....

Have you ever resigned from DECD?    Yes        No

    If yes state month and year .....

Have you ever retired or been invalidated for any employment?    Yes        No

    If yes state month and year .....

Have you ever accepted a targeted or voluntary separation package from the South Australian Government?    Yes        No

    If yes state month and year .....

**7. Employment declaration**

I am a permanent resident or hold a current permit to work in Australia.    Yes        No

I am the minimum age of sixteen (16) years for an Assistant Instructor.    Yes        No

I have completed the Health Declaration and had it witnessed by a J.P.    Yes        No

Name of applicant.....

Signature of applicant.....                      Date.....