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Created: April 2014

**Community Liaison Officer (CLO) Registration of Interest – Teaching and Learning Services**

Please return completed Registration Form and Curriculum Vitae (1500 word limit) to the Numeracy and Literacy Unit.

Email: [rosie.daloia@sa.gov.au](mailto:rosie.daloia@sa.gov.au) Phone: (08) 8226 2756 Fax: 8226 3830

**SECTION 1**

|  |  |  |
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| **PERSONAL DETAILS** | | |
| Family Name: Click here to enter text. | Given Name:Click here to enter text. | Title: Click here to enter text. |
| Work Phone: Click here to enter text. | Mobile:Click here to enter text. | Email:Click here to enter text. |
| Postal Address:Click here to enter text. | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **CURRENT EMPLOYMENT DETAILS** | | | | | | |
| DECD ID NUMBER:Click here to enter text. | | Worksite:Click here to enter text. | | | | |
| Current Position:Click here to enter text. | | | | | Classification:Click here to enter text. | |
| Employment Category: | Ongoing | | Contract | Fulltime | | Part Time |

**SECTION 2**

|  |  |  |
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| **SKILLS/EXPERIENCE/KNOWLEDGE** | | |
| Please indicate your area(s) of skill/experience/knowledge: | | |
| Community Liaison Officer  Bilingual SSO  Early Childhood Bilingual Worker | | |
| Australian Curriculum:  Primary  Secondary | | |
| Early Years Learning Framework | SACE | Vocational Education |
| English as an Additional Language | | |
| Student Wellbeing | | |
| Availability for Appointment to TLS  Full Time  Part Time | | |

**SECTION 3**

|  |  |
| --- | --- |
| **REFEREES** (Please note that your referees may be contacted at any time after receipt of the application) | |
| Name: Click here to enter text. | Name:Click here to enter text. |
| Position Held:Click here to enter text. | Position Held:Click here to enter text. |
| Phone:Click here to enter text. | Phone:Click here to enter text. |

In 300 words or less, provide evidence of your expertise in the following areas

|  |
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| **DEMONSTRATED ABILITY TO WORK EFFECTIVELY WITH A DIVERSE RANGE OF PERSONNEL, STUDENTS, PARENTS AND COMMUNITY MEMBERS** |
| Click here to enter text. |
| **HIGH LEVEL ORAL AND WRITTEN COMMUNICATION SKILLS** |
| Click here to enter text. |

**SECTION 4**

|  |  |
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| **OFFICE USE ONLY** | |
| Date received: | Valid Until: |
| Checked by: | Date: |
| Checklist: Valeo Added to Electronic Register Confirmation Email Sent | |
| Notes: | |

**This information will only be used for the purpose of expression of interest. Thank you for your application.**