

# APPLICATION FORM

## WATER SAFETY EMPLOYMENT

Complete and post to:  
Water Safety Team  
32A Dew St  
THEBARTON SA 5031

or

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

Dept 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

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 the Dept? 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 .....

|  |               |
|--|---------------|
| <b>7. Employment declaration</b>   |               |
| 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.....                             |               |