




9. Please list the names, addresses, telephone contact numbers and email address of three referees.  
State the capacity in which they know you.

a. .... b..... c. ....  
.....  
.....  
.....

Phone (w): .....  
Phone (h): .....  
Capacity: .....  
Email: .....

**10. Health and medical background**

Have you ever had time off work for a back injury? YES / NO  
If yes, please provide the details.

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.....  
.....

Do you have any other known condition that may affect your ability to carry out the duties and responsibilities outlined in the job description? If yes, please provide details.

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.....  
.....

Have you experienced any overuse injury symptoms, eg numbness, pins and needles, pain, weakness? YES / NO

If you have a computer at home, how many hours a week would you spend on it? .....

Do you smoke? YES / NO

Do you have any allergic reactions? YES / NO If yes, please provide details:.....  
.....

Do you agree to a medical examination if required? YES / NO

I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the board's workplace accident insurer.

**DECLARATION:**

Have you ever been convicted of an offence against the law apart from summary offences?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>Yes</b> , please provide date and details of offence on a separate sheet. You may be asked to provide a copy of the relevant court records available from the Registrar of the Court concerned.	

**PRIVACY ACT 1993**

I agree to Baradene College or its agents approaching my referees and my present or previous employer for a statement of my abilities and my contribution to the school, in relation to this application. I agree that they may also contact other persons who may have personal information relevant to this application.

I acknowledge that if I am the successful applicant, my CV, associated documents and my referees reports will be retained in my file by the College.

The appointment will be subject to confirmation of all information through the provision of original documentation – that is birth certificates, qualifications and transcripts, passport details/residency certificate if applicable.

I certify that the information I have supplied in this application is true and correct. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

Applicant's signature ..... Date .....

I have attached the following: My CV:  Other documents (photocopies only):