

Application for Relief Teaching

Please complete the following details to enable us to place you on our day relief roster.

| Name (please print) | | | | |
|---|----------|-----------------|--|--|
| Contact phone number(s) | | | | |
| Address | | | | |
| Email | | | | |
| MOE No | | | | |
| Teaching Registration Number and Expiry Date | | | | |
| Teaching experience (or attach brief CV) | | | | |
| Most recent School(s) | Subjects | Dates (from/to) | | |
| | | | | |
| | | | | |
| | | | | |
| Referee to contact (name and phone number) | | | | |
| Preferred subjects for day relief | | | | |
| Police vetting consent completed (tick) YES NO | | | | |
| Please be aware that because of the reasons for which day relief is required, it may not be possible to give early advance notice. Most teachers ring in on the day they require relief, so contact is unavoidably an early morning phone call. This will be between 7.15 and 8.00am. | | | | |
| Latest time to phone if the night before: | | | | |
| Signed | | | | |



Reliever Details

Office/Relief Co-ordinator to give this sheet once returned to Sean Anderson (Computer Technician), so Reliever can be set up on our computer system.

| | Name Information | Contact Information | |
|-------------------|------------------|-------------------------------|--|
| First Name | Mr/Mrs/Miss/Ms | Address | |
| Middle Name | | | |
| Surname | | | |
| Date of Birth | | | |
| Partner | | School Email | |
| Telephone | | Personal Email | |
| Cell Phone | | School Extensions | |
| Other Information | | | |
| Union | | First Aid Certificate Expires | |
| Qualifications | | Teacher Registration Status | |
| | | Expires | |
| | Primary Vehicle | Secondary Vehicle | |
| Model | | | |
| Colour | | | |
| Registration | | | |
| | Next of Kin | Alternative Contact | |
| Full Name | | | |
| Address | | | |
| Phone | | | |
| Cell Phone | | | |
| Work | | | |
| Relationship | | | |