



RELIEF TEACHER INFORMATION

Teacher's Reg. Number

Name:

Address:

..... Post Code:

Telephone Number: Mobile:

Email:

Previous Experience:

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Year Levels Preferred:

Particular Strengths:

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Church Attended/
Christian Involvement:

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Days Available:

.....

Signed: Date: / /

*Please attach copy of Teacher Registration, First Aid.
If you have an Authority to Teach letter from DECS please forward this also.*

*To challenge and inspire children
in a Christ centred community*