



2018/2019 INSTRUCTOR APPLICATION & CONFIDENTIAL HEALTH FORM

IMPORTANT INFORMATION:

Please take time to **complete all details and attach all required documents**. Applications will be rejected if mandatory information is not supplied in accordance with requirements.

Return of Applications:

Royal Life Saving SA will commence appointing eligible Instructors from September and will continue this process until all positions/sites have been filled. Whilst our team will do their best to place successful applicants at their preferred site, there is no guarantee that you will receive any of your preferences.

The Employment Application, Confidential Health Information forms and copies of all qualifications are necessary in order to assess the eligibility of applicants for employment with Royal Life Saving SA. The information supplied is for the use of Royal Life Saving SA only.

Checklist of Documentation to Return:

- The Confidential Health Declaration Form – signed
- Copies of relevant Qualifications
- DCSI Clearance (Child Related Employment Screening)
- Copy of Drivers Licence, Passport or Student ID

Send Application Form and ALL Documents to:

Email: vacswim@royallifesavingsa.com.au
Post: PO Box 344, Magill SA 5072

Enquiries:

Email: vacswim@royallifesavingsa.com.au
Telephone: 08 8210 4500

CONFIDENTIAL

Employment information

Position Sought	Pay Rate (Per 45min Class)	Location preferred:
<input type="checkbox"/> Instructor in Charge	\$25.50	1. _____ 2. _____
<input type="checkbox"/> Instructor	\$20.00	3. _____

(From 2018, Royal Life Saving SA only employs AUSTSWIM TSW qualified Instructors).

Required Qualifications:

All Instructors – must have a current:

- 1. AUSTSWIM Teacher of Swimming and Water Safety™ (TSW)**
- 2. DCSI (Child Related Employment Screening) clearance**
- 3. Child Safe Environment (CSE) certificate**
- 4. Provide First Aid certificate (HLTAID003)**
- 5. CPR certificate (HLTAID001)**

CONFIDENTIAL

Employment information (continued)

AVAILABILITY

Some locations will run in both December and/or January, please advise your availability based on the below dates by circling Y or N

17 th December – 21 st December 2018 (inclusive)	Y	N
2 nd January – 10 th January 2019 (excluding weekends)	Y	N
Willing to work as required as dates may change per location	Y	N

UNIFORM

Whilst we will endeavour to supply you with your preferred sizes, there is no guarantee

* Hats are only required for outdoor locations *

Rash Top	S	M	L	XL	XXL	XXXL
Hat	S	M	L	XL		

Please be advised, any staff employed for SWIM and SURVIVE must return the Rash Top and Hat provided. Please ensure you return to the Instructor in Charge at your location.

Failure to return the above items will result in the cost of the Rash Top and Hat being deducted from your pay.

VACSWIM STAFF ARE NOT REQUIRED TO RETURN THE RASH TOP PROVIDED

CONFIDENTIAL

Employment information (continued)

Important: Missing information will result in a delay of the employment process

Personal Details

Title Mr Mrs. Miss Ms. Dr. Other

Male / Female

Family name

Given name(s)

Previous names (if applicable)

Date of birth:/...../.....

Mobile..... Home Telephone

Email _____@_____

Street address

Suburb..... Post code.....

Postal address.....

Suburb..... Post code.....

Financial Details

BSB: ___ - ___ Account Number: _____ Account Name:

Superannuation Fund*:

Super Fund Account Number: Tax File Number: ___ - ___ - ___

*If superannuation details are not provided the default superannuation fund will apply.

CONFIDENTIAL

Employment information (continued)

Work Experience

Have you worked for Royal Life Saving - South Australia previously?

Yes

No

If yes, please provide what location, position and years worked:

.....

.....

Referee Name..... Position..... Phone.....	Referee Name..... Position..... Phone.....
--	--

I am a permanent resident or hold a current permit to work in Australia. Yes No

CONFIDENTIAL
HEALTH INFORMATION DECLARATION

Emergency Contact (Parent/Guardian/Relative)

Name.....

Relationship:

Address:

State Post Code:

Daytime Contact Number: Mobile:

Medical Declaration

1) Do you have any medical conditions or restrictions, physically or otherwise which may influence your ability to undertake required duties?

YES

NO

If yes, please provide details

.....

.....

2) Do you require any special services or facilities to undertake required duties?

YES

NO

If yes, please provide details

.....

.....

CONFIDENTIAL

HEALTH INFORMATION DECLARATION (continued)

3) Are you taking regular medication prescribed by a medical practitioner which may impact your ability to undertake required duties?

YES

NO

If yes, please provide details

.....

.....

4) Do you have any difficulties with vision, voice or hearing which may affect your ability to undertake instructional duties?

YES

NO

If yes, please provide details

.....

.....

5) Have ever had a surgical operation, serious accident, or any serious medical conditions otherwise not mentioned, which will affect your ability to undertake required duties?

YES

NO

If yes, please provide details

.....

Signature of applicant: Date:/...../.....