INSTRUMENTAL MUSIC PROGRAM (IMP)

Tuition Supplier Application Form

1. SUMMARY												
Instruments offered:												
Campuses:												
Date of interview:												
Days available:			Days unavailable:									
2. PERSONAL DETAILS												
Title	:		First name	:			Fam	ily name:				
Phone:					Mobile:							
Email:						ABN:						
Busi	ness r	name:										
Business type (if "Other" please describe in the space provided):												
Pty Ltd: Incorporated: Self-employed: Sole trader: Other:												
Business address:												
The following information is sought in order to assess your ability to perform the essential duties required of the position:												
Have you ever had any disability, serious illness, or disease which might prevent you from providing safely the IMP services offered? No:												
If "Yes" please provide details:												
_												
3. CLEARANCE CHECK INFORMATION												
Please provide details and attach a copy of your Working with Children Check (WWCC):												
WWCC card no: Card expiry date:												
Have you ever been convicted of any criminal offence? Yes: No:												

Note: You must attach a Criminal History Check that is no more than 3 months old to this application.

Have you ever been convicted of a criminal offence relating to:

- offenses against morality involving a victim under 18 years of age
- Homicide, suicide, concealment of birth
- offenses endangering life or health
- sexual offenses involving a victim under 18 years of age
- offenses against liberty

 child stealing desertion of a child 								
Which has been spent or has lapsed?	Yes: No:							
If "Yes" please attach documentation.								
Please list all other names by which you have been known:								
4. EDUCATION AND QUALIFICATIONS								
Qualification	Name of institution	Year completed						
5. CHRISTIAN BACKGROUND AND BELIEF								
As Rehoboth is a Christian organisation, please supply the following information:								
Note: You are required to provide a character reference from a minister/pastor/elder of your current church.								
Name of the church you currently attend:								
With which denomination is your church most close	ly affiliated:							
Christian Reformed: Baptist:	Assembly of God/Pentecostal: Angli	can:						
Church of Christ: Presbyterian:	Other (please state):							
Minister/pastor/elder's name:	Minister/pastor/elder's phone:							
How long have you attended or been a member of this church for? (✓)								
<1 year: 1-2 years: 2-5 years: 5-10 years: >10 years:								
Please list any office(s) you may hold in your church:								
Please list any way you assist your church:								

Rehoboth is a community of faith, with people from a wide variety of denominations. As harmony and unity is very important in this

organisation, please give a brief description of what you think it means to be a Christian person and your view on respecting those from different denominations:							
Please give a brief account of your Christian life and experience:							
Please give your definition of a Christian:							
Please give your views on the inspiration and authority of the Bible:							
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6. PROFESSIONAL REFEREE DETAILS							
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6. PROFESSIONAL REFEREE DETAILS Your application should include at least 2 professional references:	Referee 2 Name:						
6. PROFESSIONAL REFEREE DETAILS Your application should include at least 2 professional references: Referee 1 Name:							
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Referee 3		Referee 4						
Name:		Name:						
Address:		Address:						
Phone:		Phone:						
Position:		Position:						
Employer:		Employer:						
7. PERSONAL/CHARACTER REFEREE DETAILS								
Your applica	tion should include at least 2 personal/character refere	ences:						
Referee 1		Referee 2						
Name:		Name:						
Address:		Address:						
Phone:		Phone:						
Position:		Position:						
Employer:		Employer:						
Referee 3		Referee 4						
Name:		Name:						
Address:		Address:						
Phone:		Phone:						
Position:		Position:						
Employer:		Employer:						
8. SIGNATURE								
By signing below, you agree that the information you have provided in this application is true and correct at the time of submission:								
	PRINT APPLICANT'S NAME APP	LICANT'S SIGNA	TURE DATE					