

**Cannon Hill Anglican College**  
**STAFF DETAILS FORM**

**Personal Details:**

Surname		Given Names	
Preferred Name		Title	
Address (Residential)			
Address (Postal)			
Email (Personal)			
Date of Birth			
Contact Numbers	(H)	(M)	(W)
Motor Vehicle Rego No			
Motor Vehicle Make		Model	Colour

**Emergency Details:**

Surname		Given Names	
Preferred Name		Relationship	
Address			
Contact Numbers	(H)	(M)	(W)

**PLEASE CONTINUE ON REVERSE SIDE**

**Qualification Details:**

Title of Qualification	Institution	Date Completed or likely to be completed

If you are a **Teacher**, please complete the details below to enable proper classification of your position.  
If you have been an **employee of another Queensland Anglican School**, please complete the **Previous Employment Qld Anglican School** details.

**Previous Teaching Experience: Statement of service required as evidence:**

Employer	Duration of Employment	Employment Status	Title of Position Held
	Start Date:  Finish Date:	Full Time / Part Time / Casual / Contract	
	Start Date:  Finish Date:	Full Time / Part Time / Casual / Contract	
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	Start Date:  Finish Date:	Full Time / Part Time / Casual / Contract	
	Start Date:  Finish Date:	Full Time / Part Time / Casual / Contract	

**Previous Employment Qld Anglican School:**

Employer	Duration of Employment	Employment Status	Title of Position Held
	Start Date:  Finish Date:	Full Time / Part Time / Casual / Contract	
	Start Date:  Finish Date:	Full Time / Part Time / Casual / Contract	
	Start Date:  Finish Date:	Full Time / Part Time / Casual / Contract	