

Supervised teaching application – Intern

Personal details				
Name:		Gender:		
Date of birth:		Age:		
Address:				
Phone no:				
Email:				
Medical conditions:				
Emergency contact name:				
Emergency contact phone:		Relationship to you:		
Information for trainees <ul style="list-style-type: none"> • Trainees are not insured through the Department of Education. Contact your course provider for insurance details. • The supervised teaching component is competency based. Trainees are required to commit to 10 days (Monday to Friday). • This application will not be accepted if the relevant documentation is not attached. 				
Preferred start date: (Please rank in order of preference)		Term 1		
		Term 2		
		Term 3		
		Term 4		
Preferred dates:				
Preferred location: (Please rank in order of preference)		South metropolitan		
		North metropolitan		
Country venue:				
Course provider:	<input type="checkbox"/>	AUSTSWIM – Teacher of Swimming and Water Safety	<input type="checkbox"/>	ASCTA – Swim Australia Teacher
Documentation I have attached:				
	A copy of my online theory acknowledgement from my course			
	A copy of my current CPR			
	A copy of my Department of Education Nationally Coordinated Criminal History Check (if 18 years or older)			
	A copy of my Working With Children card or receipt of application (If 18 years or older)			
Send all documentation to: Interm-metro@education.wa.edu.au				