

RESOURCE Ed PERSONNEL

Joining Package



POST ALL COMPLETED FORMS TO

**RESOURCE Ed PERSONNEL
PO BOX 8116
FERNTREE GULLY , Vic. 3156**

**Attention: Dianne Moloney
Email: dmoloney@redp.com.au**

Please visit our [web site](#) to enrol in one of our Induction Training sessions to be held at a venue most convenient to you. Go to [NEWS & EVENTS](#) page to view our current Professional Learning schedule.

Please return this page with your documents

Please ensure you have supplied all the required documentation as missing documents may hold up your registration with REdP.

CHECK LIST

I have supplied the following:

- | | |
|---|--------|
| 1. Electronic or hard copy version of my resume with 3 referees | Yes/No |
| 2. The REdP Teacher Profile details | Yes/No |
| 3. <u>Joining Fee \$65.00</u> (Cheque or Money Order to Resource Ed Personnel)
<i>This covers administration charges, Relief Teacher Seminar, specialised teaching resources, Photo ID badge and First Aid Fast Reference Guide.</i> | Yes/No |
| 4. Clear certified copy of your VIT registration card and NCHRC | Yes/No |
| 5. 100 Point identification check | Yes/No |
| 6. Tax File Number Declaration Form | Yes/No |
| 7. Teacher Contract- Agreement of Teacher Expectation and Department of Education & Early Childhood Development authority | Yes/No |
| 8. Superannuation Form | Yes/No |
| 9. Portrait photo (passport – sized) for photo ID badge to be worn in schools | Yes/No |
| 10. Pre-employment Profile Form | Yes/No |
| 11. Registration completed for a Resource Ed Relief Teaching Seminar | Yes/No |
| 12. OHS Advice & Compliance form | Yes/No |
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-



Teacher Profile Details

Please print all information carefully

Personal details:

ID:	Logon:	Password:
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Title: Ms, Mrs, Mr, Miss, Dr – please circle

Surname: _____

First name: _____ Other names: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Phone: _____ Mobile: _____

Email address _____

Date of birth: ____/____/____ I have a car YES NO (please circle)

Next of kin: 1st _____ Relationship _____ Contact No: _____

Next of kin: 2nd _____ Relationship _____ Contact No: _____

Preferred travelling time from home to schools: _____

I am available 5 days a week OR Monday Tuesday Wednesday Thursday Friday

(Please circle choices)

Taxation details:	PLEASE PRINT LEGIBLY
Tax file number: _____ - _____ - _____	
Tax Free Threshold Claimed: YES/NO HECS debt: YES /NO	
I have included a signed Tax File Number Declaration form YES/NO	
Banking details:	PLEASE PRINT LEGIBLY
BSB: _____ - _____ Account number: _____	
Account name: _____	
Bank name and location: _____	

Teacher registration and qualifications: Certified photocopies onlyVictorian Institute of Teaching registration number: **Registration classification:** please circleFull registration Provisional PTT1.1/PTT1.2 or PT 4 2 or 2.4 instructor

VIT NHCRC date: _____ Qualifications: _____

Primary teaching preferences: I am willing to teach**All PRIMARY grades or** P-2 3-4 5-6 Pre-School (Please circle your choices)I have specialist's skills in these areas: Art PE SOSE Music Drama Lib

List other areas: _____

Languages spoken or taught: _____

SECONDARY teaching experience, subject areas and levels taught:

List subject areas: _____

List levels taught: _____

I wish to be considered to teach primary grades Yes/No (Please circle)

Optional:**Independent, Church or specific Teaching type schools:** Some schools may require teachers of a particular faith or have expected teaching methodologies.Yes I am willing to teach in these schools and I appreciate their beliefs and will comply with their requirements.No Please do not consider me for these schoolsCatholic Other Christian Islamic Jewish Steiner Montessori **Special Education settings:**

Please attach evidence of Special Education qualification (university transcripts or Professional Development attended)

Do you wish to be considered for these positions? Yes/No

Physical disabilities Hearing impaired Speech Intellectual disabilities Sight impairment Emotionally disturbed **Declaration** All the information and data I have given is true and correct

Please Sign: _____ Date: _____

Teacher Contract

Agreement of Expectations between Resource Ed Personnel and the Teacher

(Please photocopy your signed Agreement for archival purposes)

Terms:

DEECD- Department of Education & Early Childhood Development

REdP- Resource Ed Personnel

PMR- Performance Management Report

The company- Resource Ed Personnel

VIT- Victorian Institute of Teaching

Resource Ed Personnel's Performance Management System and Professional Standards

I understand that in the implementation of its Performance Management System, REdP adheres to the VIT Standards of Professional Practice and Code of Ethics (Copies are available in pdf format from the REdP web site). Consequently, I am to at all times, conduct myself as expected of a professional teacher and conscientiously perform my duties as allocated by the client school and REdP in a responsible, proficient and caring manner.

I am to follow the school's teaching schedule as described by the teacher's Work Program. I am to leave copies of completed work on the REdP's CRT Activity Planner and any other instructions of relevance that I have given to the pupils. I will upon completion of my assigned booking leave the room or area in a clean, tidy and secure manner. Where I wish to photocopy teacher work plans, copy handouts or obtain originals (or copies) of children's work, I will seek prior permission from the school to do so.

I am to conduct myself in a professional manner in all forms of communication with school staff, students, parents and REdP. Where opinions or advice are sought by parents, guardians, siblings or students on pupil performance, behaviour, development or related matters I am to direct the parent, guardian, siblings or student to the appropriate person in the school.

Duty of care

My duty of care extends to all students or children under my care or where directed by the client in the client's school.

I accept, where directed by the client, to provide supervision including "yard duty."

I understand a "normal" (6 hour) working day comprises, 5 hours of teaching, ½ hour of paid lunch and ½ an hour of paid duty, or the hours designated by the client school as outlined by the Area Manager. The 30 minute morning break may also include 15 minutes of supervision.

Yard duty is normally conducted between the hours of 0900hrs and 1530hrs of a working day for a CRT. As a teaching professional, I am expected to commence work in the client's school no later than 0845hrs and conclude no earlier than 1545hrs or by agreement with the client school in a "normal" working day. Upon arrival I am expected to plan my schedule of duties, become familiar with the client's school operations and OHS policy and prepare student materials for the nominated classes, teaching areas or levels.

From 1530hrs to 1545hrs, I am to ensure all students have left the building and that I have left the room in a clean, tidy and in a secure state. Where I wish to alter these prescribed hours, I am to seek permission from the client school and alert my Area Manager. I will under all circumstances alert my Area Manager and school/authority as soon as is practicable where I cannot fulfil my duties as offered in the booking (e.g. where my arrival has been delayed or I am no longer able to attend to the booking due to an unforeseen emergency). If I plan to leave the school grounds for whatever reason I am to notify the CRT/Daily Organiser or administrative staff and advise them of the time of return.

I understand and accept that between 0900hrs and 1530hrs the client school is fully entitled to ask to me to provide student supervision or yard duty. Where student supervision or yard duty is asked outside of those working hours, the school and teacher must agree to those provisions.

I will ensure the correct and agreed or altered times of my employment are entered on the client's Time Sheet.

Suitable Clothing for CRT work

I am to wear clean, neat and tidy attire, appropriate to the school's dress code for teachers. Tracksuits and other specialist attire are only appropriate for those specific appointments.

Teacher Registrations and Notifications

I have provided REdP with certified evidence of current VIT Registration, satisfactory criminal record check and fitness to teach. I am to notify REdP should any criminal proceedings be brought against me. Each year I will notify REdP (by certified photocopy) of my renewed VIT registration and (where necessary) criminal records check. Failure to do so may jeopardize my eligibility for REdP registration and work offers.

At all times I am to have available for schools evidence of my current VIT registration and criminal records check and I am to wear my REdP photo identification badge where supplied.

CRT Work Offers and Employment contracts

I understand and accept where I have accepted an offer to work from either an Area Manager or representative of the company I am obliged to fulfil that offer to the best of my professional abilities in accordance with all the requirements.

I accept that where an offer of employment other than the offer from our company representative is made to me, I will immediately alert the company of that offer.

I understand where I have been introduced to a school via the company that I will work solely under the auspices of the company's contract with the school and the agreement I have signed with the company.

Contracts:

I understand from time to time the company may transmit my CV/resume for the purposes of a finding a suitable teacher for an agreed school contract. I accept that the company is acting to represent my best interests in sourcing a contract of employment with a school or authority. I accept that where the school or authority has my CV/resume that information is confidential and may not be used for any other purpose.

I understand that should I receive an offer for an either casual or contract employment, I will notify the company immediately the offer is made so that an appropriate charge or fee can be levied against the school. I understand and accept that where the school or I move outside these accepted guidelines a fee can be levied against the school, the teacher or both.

OHS & WorkSafe: Refer Policies and Advice & Compliance Form:

I understand where REdP has placed me in a school, I am under the auspices of the school's OHS policy and officer and I will comply with those directions. I understand before commencing work in a school I am to initial the school's Time Sheet in the OHS column, signifying I have read, understood and accept the provisions of the school's First Contact Checklist and have been notified of any current unsafe work areas within the school's boundaries. I understand I have an obligation to report any unsafe work area to the school's OHS officer.

I _____ (insert full name) have read, understood and will comply with all REdP expectations and procedures as described in all available Information, Joining & Agreement documents and the Advice & Compliance Form. I agree to adhere to all expectations as described and I accept full and sole responsibility for my attempts to meet the directions, advice and polices whilst teaching with REdP. I accept full responsibility for any breach of the expectations described in the Information and Joining packages, The VIT's Code of Ethics and Professional Standards of Teaching, the school's and REdP's OHS policies or for any disregard of lawful direction given by the client schools authorities.

I declare that I have never been charged, convicted or found guilty of a criminal offence, nor do I have any matters unresolved or pending of professional misconduct or employment restrictions issued by the DEECD's Conduct & Ethics Department, Registered Schools Board, Catholic Education Office or any local, interstate or overseas school or authority that may or would prohibit me from teaching in Victoria or Australia.

Signed _____ **Date:** _____

Authority for the Department of Education and Early Childhood Development to Conduct an Eligibility Check to Teach in Victorian government schools PLEASE COMPLETE

I..... consent to the Department of Education and Early Childhood Development providing Resource Ed Personnel PTY LTD with information regarding my eligibility for employment in Victorian government schools.

Date of Birth:/...../..... Suburb:

VIT registration: NCHRC date:/...../.....

Signed: Date:/...../.....



Resource Ed Personnel, PO Box 8116, Ferntree Gully 3156

P: +61 3 9756 0388 F: +61 3 9752 4177 E: admin@redp.com.au W: www.redp.com.au

Please Read and Sign your acceptance of these documents as they are conditional for employment

Advice and Compliance Form for Occupational Health and Safety

Acknowledgement of OHS Web Based Documents

Recently, legislation has changed in the operation, structure, compliance and employment of agency (or on-hired) staff within Victorian workplaces. REdP has implemented changes and has also advised all our clients of our changed operations within the WorkSafe environment. REdP under the present legislation must train and advise all staff of the changes to ensure compliance and understanding within the Workplace.

REdP will conduct Staff meetings on specific areas of the WorkSafe legislation and how the new regulations affect you, the teacher, as an agency or on-hired employee.

Dates and places of Staff meetings will be posted on our web site (www.redp.com.au) during the year and we have also enlarged the WorkSafe component in our CRT Seminar. We also recommend all teachers to-

1. Attend the CRT seminar, dates and places are (free to registered REdP staff) on our News section of our web site.
2. Ensure you attend one of the new Staff meetings – see web site

We will also advise of dates on the Newsletter and payslip of these PD days.

Under Policies on our web site are documents you as an agency teacher must read comply, sign and either post or email your notification, acceptance and compliance of.

Work cannot be offered until we have a signed and dated Compliance Form

PLEASE PRINT ALL DETAILS

I _____ (insert name) of _____ (Insert address)

Post Code: _____ Phone: _____ Mobile: _____

Email address: _____

Please Read and Sign your acceptance of these policies as they are conditional for employment

Signature	Date:
REdP's OHS policy: _____	_____
First Contact Checklist: _____	_____
New Time Sheet: _____	_____

***Teacher Contract:** _____
**Please sign and return by post your newly signed Teacher Contract*

Office: Date: Received Email or fax received: _____

Thank you for your cooperation, these changes are important and are implemented for your safety within the WorkPlace. All teachers who work in schools as a CRT now come under this new legislation either employed by an agency or directly employed by the school.

Resource Ed Supported Superannuation Schemes

RECENT FEDERAL SUPERANNUATION LEGISLATION REQUIRES ALL EMPLOYERS TO DATE WHEN THE CHOICE OF SUPERANNUATION FUND WAS GIVEN TO AN EMPLOYEE. THE CHOICE OF SUPERANNUATION FORM IS ON OUR WEB SITE WWW.REDP.COM.AU > FORMS PAGE - AS A pdf.doc. REGISTRATION CANNOT BE COMPLETED UNLESS THIS FORM IS PROCESSED AND POSTED BACK TO RESOURCE ED PERSONNEL.

VicSuper is Resource Ed Personnel default scheme.

Further information can be obtained from their web site www.vicsuper.com.au or contact VicSuper on 1300 366 216

I wish to have my Super Guarantee payments directed to the investment fund indicated below:

VicSuper Scheme Benefit Plan : Yes No, I will choose from a fund below (circle one)

Existing VicSuper member number: _____

I wish to use one of the other superannuation schemes listed below

ING Superannuation **Yes** Existing member number _____

Catholic Superannuation Fund **Yes** Existing member number _____

Victorian Independent Schools Fund **Yes** Existing member number _____

If you are an existing contributor to one of the above schemes, please supply all details to enable us to pay into that fund. All super funds will send out letters and forms to enable you to contribute to your nominated fund.

Member's Name: _____

Signature _____ **Date:** ____ / ____ / ____

I _____ (insert name) acknowledge the Superannuation Choice pdf.doc form was downloaded/sent

(insert date) on ____ / ____ / ____

Signed: _____ **Date:** ____ / ____ / ____

Resource Ed Personnel Pre Employment Medical Details

Employment with Resource Ed Personnel is conditional on the applicant completing this statutory PRE-EMPLOYMENT HEALTH DECLARATION form and returning it signed by all required parties, to Resource Ed Personnel. Or, if not possible completing and sending back to REdP the Medical Statutory Declaration form on the following page 10.

Position applied for: Casual Relief Teacher

Resource Ed Personnel does not require you to undertake a medical examination.

However, we do ask that you and your medical practitioner sign the final declaration specifying your fitness to teach.

The Employment health declaration does enable, where applicable, appropriate and reasonable action to be taken by Resource Ed to meet the provisions of Sections 82 (7) and (8) of the *Accident Compensation Act 1985*.

Sections 82 (7) & (8) of the Accidents Compensation Act 1985, requires disclosure to your employer of any pre-existing injury or disease that you have suffered, or existing injuries or diseases that you continue to suffer or which you are aware and could reasonably expected to foresee, and could be affected by the nature of the proposed employment referred to above.

Failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the Accident Compensation Act 1985 should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of a pre-existing injury or disease arising from employment with Resource Ed Personnel. Resource Ed Personnel would rely upon any failure to disclose in accordance with the provisions of the Accident Compensation Act as grounds for denying compensation.

Should any circumstances change within this period that may affect your capacity to perform the inherent requirements of positions with Resource Ed Personnel that you are undertaking, you are obliged to inform Resource Ed Personnel.

All details provided on this form are treated confidentially. The completed pre-employment health declaration form will be retained with your personnel file. Where employment is not taken up, for whatever reason, all documents relating to the employment offer will be retained for two years.

Applicant Health Statement

<p>Q1 Are you aware of any circumstances regarding your health or capacity to work that would interfere with your ability to perform the duties of the position? <i>In answering this question Yes or No, you are also covering factors such as: Existing or exposure to infectious diseases, taking of medication/treatment on a regular basis (daily/weekly/monthly).</i></p>
<p>No [<input type="checkbox"/>] YES [<input type="checkbox"/>] if yes provide details.</p>

<p>Q2 Do you have any existing injury or condition or pre-existing injury or condition that would interfere with your ability to perform the duties of the position? <i>Existing is a condition for which treatment is still being received. Pre-existing is where an injury or condition/s is present but treatment is not required. If yes, please provide details of the injury or condition.</i></p>
<p>NO [<input type="checkbox"/>] YES [<input type="checkbox"/>] if yes provide details.</p>

I _____ (*insert name*) believe the information I have supplied to be true and correct. _____
 (*Signature and date*)

B. Medical Practitioner Health Declaration
(only required if you answered YES to either question above)

I Dr. _____ (*insert name*)
 of _____ (*Address*)
 believe the statements above to be true and that
 _____ (*name of declaree*) is medically fit to
 meet the expectations required of Relief Teaching.
 Signed Dr. _____ Date: _____

C. Medical Statutory Declaration

(Only to be completed if you answered YES to either of the questions in your Health Statement, but cannot supply a Medical Practitioner Health Declaration)

I _____ solemnly swear that I am not aware of any circumstances regarding my health or capacity to work that would interfere with my ability to perform the duties of the position of casual relief teacher.

I am not aware of any pre-existing injury or condition that would prevent me from performing the duties of the position of casual relief teacher.

If there are any conditions, circumstances or injuries that may inhibit the performance of stated duties, the Health Declaration must be filled in and certified by your medical practitioner. Filling out documents incorrectly may disadvantage you in regards to WorkCover claims.

Applicant's name:

Signed:

Date:

Witness's name:

Signed:

Date:

Please attach a current portrait style photo	<h2 style="margin: 0;">REdP Pre-Employment Profile</h2>
	Please outline your teaching experience, your teaching capabilities and strengths, your awareness of the Victorian education system, your interest in working as a relief teacher and your preferred teaching pathway. Please photocopy for archival purposes.
Name: _____ Address: _____ State: _____ Postcode: _____ Phone: () _____ Mobile: _____ Email Address: _____ Office use only: Place of Interview: _____ Date: _____	
<ol style="list-style-type: none"> 1. My teaching background: 2. My capabilities and strengths: 3. Victoria, interstate or overseas teaching experience: 4. My interest in relief work: 5. My preferred teaching pathway: 6. Qualifications and Professional Development completed: 7. Other significant considerations such as hobbies or interests: 	

This completed form must be returned with all the other documents