



BRISBANE GRAMMAR SCHOOL
Coach / Tutor / Contractor / Creditor / Casual
 (Please circle)

Please Complete

Office Use
V-June2016

Synergetic ID #

Registration verified (Initials & date)

Personal Details

First Name _____ Surname _____

Preferred First _____ Middle Name/s _____

Please use full legal name as per Driver's License

Company Name / Trading Name (if applic) _____ ABN (if applic) _____

Job Position _____ Commencing _____

Reporting to _____ Expiry Date (or estimate) _____

Residential Address _____

Postal Address _____

Date of Birth _____ Under 18 Nationality _____

Marital Status (optional) _____ Salutation _____ Mr, Mrs, Miss, Ms, Dr etc.,

Mobile Number _____ Gender M/F _____

Home Number _____ Silent Yes/no _____

Email _____ Misc _____

Please check the Appropriate Box

Not applicable

Decline to respond

Aboriginal and Torres Strait Islander

Aboriginal Torres Strait Islander

Emergency Contact/s

Name _____

Contact Numbers _____ Relationship _____

Name _____

Contact Numbers _____ Relationship _____

Registrations

Teaching: QLD College Teachers (QCT)

Registration Number _____

Expiry Date _____

Full or Provisional _____

Non-Teaching: (Blue Card) Working with Children Check

Registration Number (if held) _____

BGS originated - Yes / No (please attach forms) _____

Under 18 Expiry Date _____

Please see your Supervisor to obtain Blue Card forms, for both existing and new cards.

It is a condition, on your first day of work, that paperwork for BLUE CARDS must be VALIDATED or applied for (or, your QCT registration verified).

Coaches (to complete)

Sport _____ Years Coaching _____

First Aid Training (yes or no) _____ Coaching level accreditation _____

_____ CPR accredited (yes or no) _____

Rowing Coaches (to complete)

Recreational Marine Licence # _____ Expiry Date _____

Misc (e.g. Memberships/ associations) _____

Payment Details (if applicable)

Bank & Branch _____ A/c Name _____

BSB _____ A/c Number _____

Signed _____ Date _____