Application: Community representative

2016 Queensland Core Skills (QCS) Test

Detailed information is available from *Position information: Community representatives*. Return your completed form to the school principal or chief supervisor as soon as possible. Applications close **Friday 20 May 2016.**

Position det	ails										
School name											
Position applied	l for										
Personal de	ails										
Family name						Т	itle				
Given name/s							Gend	der			
Preferred name						Date of	of birth				
Mobile						Home	phone				
Email address											
Home address											
Suburb								Postcode			
If you have pre (BIC). If you hat four digits and birth and your surname at bir	ave never four letter mother's	worked factors. The sug	for the Qoggested	CAA, you way to cr	will need eate a Bl	I to create C is to us	e a BIC. se your d	A B day	IC con and m	sists of onth of	
Your BIC											
Employment	history	7									
Provide a brie	f descripti	ion of you	r past em	ployment							

The information you provide on this form will be used for administering and managing human resources for the QCS Test as part of legislative functions described in the *Education (Queensland Curriculum and Assessment Authority) Act 2014* (s.13 and s.41) and the *Industrial Relations Act 1999* (s.366 and s.368). Personal information will be accessed by authorised QCAA staff, and handled in accordance with the *Information Privacy Act 2009*. Your name and contact details will be provided to your appointed test centre and may be provided to an alternative test centre. Information held by the QCAA is subject to the *Right to Information Act 2009*.



Coı	nnection to the school								
	No connection								
	Parent of a Year 12 student								
	Employed by the school — provide details below								
	Other — provide details below								
Exc	cess applications								
to th	ools may receive more applications than are required. Add no QCAA and added to a 'reserve' list if an applicant has give be accessed by other schools that need more applicants. e: If you are appointed to a different school, a travel allowa	en their pe	rmission. The list						
	If I am unsuccessful in being nominated to a position at thi my application form to be sent to the QCAA. I am willing to		give permission for						
	☐ 1–10 km to a school.								
	☐ 10–20 km to a school.								
	☐ more than 20 km to a school.								
Contact with students who are sitting the QCS Test									
List below the name/s and school/s of any student that is related to you or who you teach or tutor.									
Dec	claration								
I cor	nfirm that the information provided is correct.								
Sign	ature	Date							