

EELAM TAMILASSOCIATION (Vic) Inc
TAMIL SCHOOL BOARD -TEACHERS PARTICULARS

CURRENT TEACHING:GRADE: _____

NAME OF TAMIL SCHOOL: _____

PERSONAL DETAIL:

Family Name: _____

Given Name: _____

Martial status: _____ Date of Birth: ____ / ____ / ____

Sex: _____ (male/female) Email: _____

Address: _____ Post code: _____

Resident Status: _____

EDUCATION & TRAINING (Please use separate sheet for any additional information)

Secondary Education: _____

Tertiary Education; _____

Teaching Experience –(Please use separate sheet for any additional information)
(Including training program arranged by the Vic Ethnic School Association)

Teaching Experience in Teaching **Tamil or any other subjects:** (Overseas)

ANY OTHER SKILLS: _____

SIGNATURE OF APPLICANT: _____ **Date:** _____

REFEREES :Name
Address:
Tel No:

Name:
Address:
Tel No:

APPROVED: _____

BoardChairman/CEO

School Coordinator

(The applicant will follow the procedure and guideline set out by the Tamil school Board including training as required .All information kept confidential)