

Emergency Contact:-

Name: _____ Telephone: _____

Mobile: _____ E-mail : _____

Address: _____

Education History

Places of Education / Professional Qualifications:

Name of Schools/ University / Institution	Starting Date	Leaving Date	Qualification

Teachers : Have your qualifications been approved in HK? [www.hkcaa.edu.hk] Yes No N/A**Work Experience**

Details of all past positions held

Employer	Starting Date	Leaving Date	Full/ Part Time	Position Details

Note: All teachers will need to provide documentation of teaching experience.

List Other Relevant Experience (e.g. volunteer work, Sunday School teaching)

Personal Activities

Current Church affiliation: _____

Church Related Activities:

Social/Community Groups:

Other hobbies/interests/musical instruments etc:

Any other relevant information / background:

Questionnaire

Please answer the following four questions on a separate sheet/page:

1. Please tell us about your faith journey as a Christian.
2. State briefly two goals for the next two years.
3. What special contribution do you think you can bring from your past experiences? For example, you may describe your gifts and strengths - spiritual, personality and character
4. What length of commitment are you willing to make to our organisation?

Referees

List below the names and addresses of three people who can act as a referee for you.

(At least one each from a Church Leader, past employer/s & personal referee)

- | | |
|----------------|---------------------|
| 1. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | E-mail: _____ |
| 2. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | E-mail: _____ |
| 3. Name: _____ | Relationship: _____ |
| Address: _____ | Telephone: _____ |
| _____ | E-mail: _____ |
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Health Questions

A. Present Health Condition

1. Do you have any current health problems? () No () Yes - please give details
2. Are you currently taking any medications? () No () Yes - please give details
3. Are you currently receiving any other health treatments? () No () Yes – details
4. Do you have any special dietary requirements? () No () Yes -please give details
5. What regular exercise do you take? Please give details of type and frequency.
6. Height:_____ Weight:_____

B. Your Past Medical History

In the past have you had...?

	Yes	No		Yes	No
1. Measles	()	()	4. Whooping Cough	()	()
2. Mumps	()	()	5. German Measles (Rubella)	()	()
3. Chickenpox	()	()			
6. Asthma/hay fever	()	()	23. Severe headaches	()	()
7. Tuberculosis	()	()	24. Eye/sight problems	()	()
8. Other chest problems	()	()	25. Ear/hearing problems	()	()
9. Raised blood pressure	()	()	26. Back/joint problems	()	()
10. Heart disease	()	()	27. Hernia	()	()
11. Diabetes	()	()	28. Skin problems/allergies	()	()
12. Cancer	()	()	29. Major dental problems	()	()
13. Anemia/blood disease	()	()	30. An alcohol or drug problem	()	()
14. Digestive/bowel problems	()	()	31. A tobacco problem	()	()
15. Urinary problems	()	()	32. Any bad reaction to food		
16. Kidney disease	()	()	or medicine	()	()
17. Hepatitis	()	()	33. Any significant accident	()	()
18. Mental/nervous illness	()	()	34. Any surgical operation	()	()
19. Epilepsy/seizures	()	()	35. Any hospital admission		
20. Sleeping difficulty	()	()	other than surgery/delivery	()	()
21. Severe anxiety	()	()	36. Travel sickness	()	()
22. Depression	()	()	37. Other significant health		
			problems	()	()

A “problem” is anything sufficient to interfere with ordinary living and work. If “yes” to any of the questions 1-37, please give all relevant details such as the month and year, diagnosis, type of treatment/operations, any complications.

C. Family History

Is there any history, past or present, of the following illnesses in your immediate family (parents, brothers, sisters, aunts, uncles, cousins, grandparents)?

	Yes	No		Yes	No
1. Raised blood pressure	()	()	7. Thyroid trouble	()	()
2. Heart Disease	()	()	8. Tuberculosis	()	()
3. Diabetes	()	()	9. Glaucoma	()	()
4. Asthma	()	()	10. Mental/nervous problems	()	()
5. Epilepsy	()	()	11. Alcohol/drug dependence	()	()
6. Cancer	()	()	12. Other significant illnesses	()	()

If "yes" to any of questions 1-12, please state relationship and give details.

D. Immunisations

[List the date of your last immunisation]

Tetanus	Date: _MM_/_YYYY_
Hepatitis A	Date: _MM_/_YYYY_
Hepatitis B	Date: _MM_/_YYYY_
MMR	Date: _MM_/_YYYY_

Checklist

- Application Form completed & signed (incl. Passport photo)
 - Resume (incl. copy of Academic Transcript/s) being attached/posted
 - Reference Letters (minimum 3 – incl. Church Leader, past employer/s, personal referee)
 - Separate Response Sheet to Questionnaire (see Page 5)
 - Declaration Signed below
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Completed application forms and supporting documents may be:

1. Scanned and e-mailed to recruitment@generations.edu.hk; or
2. Mailed to:

<Private & Confidential>
Recruitment Services
Generations Christian Education
C/- Small World Christian Kindergarten
10 Borrett Road, Mid Levels
HONG KONG

Declaration:

I declare that all information given in and provided with this application is true and complete to the best of my knowledge.

I also declare that I have never been charged with any child molestation or related charge.

Signed: _____ Date: / /

Name: _____

Thank you for your interest in the ministries of Generations Christian Education.