

**APPLICATION FOR APPOINTMENT**

**PART TIME, FIXED TERM TEACHER**

**DUNEDIN**

**TERM 2, 0.5**

Please complete all sections of this form and attach a covering letter and your Curriculum Vitae.

The Application must be received by The Principal, Southern Health School no later than **3pm Monday 15 March 2021** to be considered.

**Helen Mantell**  
**Principal**  
**Southern Health School**  
**95 Tuam Street, Level 2**  
**Cardale House**  
**PO Box 1757**  
**CHRISTCHURCH**  
**Telephone: (03) 366 6739**  
**Fax: (03) 374 6503**  
**Email: [jmh@southernhealth.school.nz](mailto:jmh@southernhealth.school.nz)**

**1. PERSONAL DETAILS:**

Full Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

MOE Number: \_\_\_\_\_

**2. DISCLOSURE:**

- Have you ever been convicted of any offence against the law apart from summary offences? Yes/No

- If yes, please supply relevant details:
- 
- 

- I give permission for the Southern Health School Board of Trustees to check my record with the New Zealand Police. Yes/No

- Please describe any injury or illness you have had that may affect your ability to effectively carry out the duties and responsibilities of the position
- 
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- Do you have any other known condition that may affect your ability to carry out the duties and responsibilities outlined in the job description? If yes, please provide the detail. Yes/No
- 
- 

- Do you smoke? Yes/No

- Do you have any allergic reactions? If yes, please detail. Yes/No
- 
- 

- Do you agree to a medical examination if required? Yes/No

- I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

- Do you have a full drivers licence

- Do you have a car that can be used for school business

**3. TEACHING STATUS: (PLEASE TICK APPROPRIATE BOX)**

- Registered teacher
- Provisionally registered teacher
- Not registered but have applied for registration
- Not registered

**A verified photocopy of current registration must be attached to your application.**

**4. PRESENT POSITION**

Position: \_\_\_\_\_

School: \_\_\_\_\_

Date appointed: \_\_\_\_\_

Nature of present position (tick appropriate boxes)

Permanent

Part time

Full time

Relieving

Other (specify) \_\_\_\_\_

If not teaching, state present occupation: \_\_\_\_\_

**5. QUALIFICATIONS:**

List degrees, diplomas, certificates or other qualifications together with the major subject qualifications on which the degree etc is based, e.g. BA Eng III, French II.

| DEGREES, DIPLOMAS, CERTIFICATES<br>ETC | MAIN SUBJECTS AND LEVELS | YEAR COMPLETED |
|--|--------------------------|----------------|
|  |                          |                |

**6. EMPLOYMENT RECORD:**

Provide an overview of your four most recent positions.

| <b>POSITION</b> | <b>SCHOOL</b> | <b>MAIN SUBJECTS<br/>AND/OR LEVELS TAUGHT</b> | <b>DATES</b> |  |
|-----------------|---------------|---|--------------|--|
|                 |               |   |              |  |
|                 |               |   |              |  |

## 7. REFEREES

You are required to supply the names and contact information for two referees for the appointments committee to contact.

1. Mr/Ms/Mrs/Miss

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Pvte: \_\_\_\_\_ Bus: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

2. Mr/Ms/Mrs/Miss

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: Pvte: \_\_\_\_\_ Bus: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

**8. CONFIRMATION**

- a) I certify that the information given in this application is, to the best of my knowledge, correct. I understand that this may be verified.
- b) In accordance with the Privacy Act, I authorise the Board of Trustees to obtain information from the referees listed in this application and consent to the referees disclosing such information to the Board.
- c) I agree to the references/referees provided to the Board of Trustees in respect to my application being used for the purposes of considering my suitability for the position.

I also agree that the Board may make further verbal or written inquiry from the referees provided and my previous employer(s).

- d) I declare that to the best of my knowledge the answers in this application form and the information provided in my Curriculum Vitae are correct and I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment will be terminated.
- e) I agree to the Southern Health School Board of Trustees requesting my personal file from the Teacher Registration Board.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_