



APPLICATION FORM

Important Notes for Applicants

Thank you for applying for a position within our school.

1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a Cover letter and a Curriculum Vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of the references.
3. Copies only of qualification certificates should be attached. If successful in your application you will be required to provide originals as proof of qualifications.
4. If you are selected for an interview you may bring whanau support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn, or appointment being terminated, if any information is later found to be false.
6. In terms of a criminal conviction, the Criminal Records (Clean Slate) Act 2004 provides certain convictions do not have to be disclosed, providing:
 - ◆ You have not committed any offence with seven (consecutive) years of being sentenced for the offence, and
 - ◆ You did not serve a custodial sentence at any time (this would exclude serious offences such as murder, manslaughter, rape and causing serious bodily harm), and
 - ◆ The offence was not a specified offence (specified offences are in the main sexual in nature), and
 - ◆ You have paid any fine or costs

Custodial sentences include a sentence of preventive detention and corrective training. Non-custodial sentences include fines, reparation orders, community-based sentences and suspended sentences. Please note that you are not obliged to disclose convictions if you are an eligible individual but can do so if you wish. If you are uncertain as to whether you are eligible, contact the Ministry of Justice.

This application form and supporting documents will be held by the School. You may access it in accordance with the provisions of the Privacy Act 1993.

If you have any queries, please contact the person cited in the advertisement.

Office Use Only: This page must be retained on file as part of the application. It must not be removed or destroyed.



Application for Appointment Teaching Staff

Position applied for	
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Tick one ✓ Mr Mrs Ms Miss

Or other preferred title: _____

Surname / Family Name	First Names (in full)

Full Postal Address	Post Code

Phone/Email

Home:	Mobile:	Business:
Email:		

NZ Teachers Council

Registration No:		Full/Prov/STC:		Expiry Date:	
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NB: Please provide a copy of Registration details

Please tick the appropriate boxes:

Are you a New Zealand citizen? If "No", do you have Resident Status Do you have a current work permit? Please provide a copy of Work Permit if applicable	Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a criminal conviction? (Convictions that fall under the clean slate scheme do not have to be disclosed) If "Yes", please detail:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever received a Police diversion for an offence? If "Yes", please detail:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? If "Yes", please detail:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you awaiting sentencing / currently have charges pending? If "Yes", please state the nature of the conviction/cases pending:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In addition to other information provided, are there any other factors that we should know to assess your suitability for appointment and ability to do the job? If "yes", please elaborate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to? If "Yes", please detail:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a current driver's licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Educational Qualifications

Please list your last secondary level qualification:

Please list any other qualifications that relate to the position:

Referees

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your work performance. **If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.**

Name	Address	Telephone	Relationship (ie Employer, Principal)

Authority to approach other referees

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I certify that the information I have supplied in this application is true and correct. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed. I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.

Signature: _____

Date: / /20

Note if completing this electronically a hard copy (signed) must be provided.