



Application Form for Scale A Teacher

A. Personal Details

| | | | |
|---|------------------------------|------|--------------------------|
| Surname | | | |
| First Names (in full) | | | |
| Full Postal Address | | | |
| Email | | | |
| Phone Numbers | Home | Work | Mob |
| Best time to contact you | | | |
| Current Teacher Classification | | | |
| Registration Number | | | Expires |
| Are you a New Zealand Citizen | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| If not, do you have resident status, or | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Current work permit | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |
| Have you ever had a criminal conviction? <i>(convictions that fall under the clean slate scheme do not have to be disclosed¹)</i> | | | |
| If 'Yes', please detail: | Yes <input type="checkbox"/> | No | <input type="checkbox"/> |

¹ The Criminal Records (Clean Slate) Act 2004 provides certain convictions do not have to be disclosed providing:

- You have not committed any offence within 7 (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.

In addition to the other information provided, are there any other factors that we should know in order to assess your suitability for appointment and your ability to undertake this role? Yes No

If 'Yes' please elaborate:

Do you have any medical conditions (Physical or mental) that may affect your ability to effectively carry out the functions and responsibilities of employment, or which may be aggravated or further contributed to by the functions and responsibilities required under this employment role? Yes No

If 'Yes' please detail:

Applicant's signature: _____ Date: _____

B Tertiary Education & Professional Development

| Degree, Diploma or Certificate | Name and Location of Institution | Years of Attendance |
|--------------------------------|----------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Professional Development undertaken | Name/ Location of Institution | Year of Attendance |
|-------------------------------------|-------------------------------|--------------------|
| | | |
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| | | |

C. Current Employment

| | | |
|--|-------|-----|
| Name/address of school or place of employment: | | |
| Period of employment | From: | To: |
| Position(s) held | | |
| | | |
| | | |

D. Employment History

| Name and Address of Employer | Position(s) held (including classes taught) | Dates | Reason for Leaving |
|------------------------------|---|-------|--------------------|
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F. Professional Associations

Please list any professional associations you belong to and your role with them.

| Association | Role |
|-------------|------|
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| | |

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G. Person Specifications

| Professional Qualities | Evidence – What have you done that has demonstrated these qualities and skills? |
|---|---|
| Experience with adapting the curriculum to meet individual needs and barriers to learning. | |
| An effective team player with experience in planning and teaching collaboratively | |
| Experience and understanding of effectively managing down behaviours of concern | |
| Culturally responsive practice and knowledge of relevant Māori research in support of Māori engagement and learning outcomes. | |
| Knowledge and/or experience of PB4L School-Wide and/or Restorative Practice and/or trauma informed practice | |

H. Referee's Information

Names, addresses and phone numbers of three referees; at least two of whom should be your current or past senior manager or principal and can comment knowledgeably on your performance as a teacher. Any referee listed here may be contacted prior to finalising the short list of applicants.

| Referee 1: | |
|------------------------------------|--|
| Name | |
| Email | |
| Contact phone numbers | |
| Capacity you have known the person | |
| Referee 2: | |
| Name | |
| Email | |
| Contact phone numbers | |
| Capacity you have known the person | |
| Referee 3: | |
| Name | |
| Email | |
| Contact phone numbers | |
| Capacity you have known the person | |

H Declaration and Authorisation

1. I declare that the information supplied by me is given voluntarily and is true, accurate and complete in all respects. I acknowledge that I will not hold Kingslea School Board of Trustees responsible for any omission or mis-statement that I have made in the information provided.
2. I understand that all information provided about me to Kingslea School, including my application form, CV (optional), references and any assessments will be held by Kingslea School Board of Trustees to be used for the purpose of evaluating my qualifications, experience and suitability for employment at Kingslea School.
3. I understand that if I withhold relevant information or supply false or misleading information about myself, my application may not be further considered. I also understand that my employment may be terminated if after investigation, my employer discovers that any information that I have provided is false or misleading.
4. I understand that I am entitled to have access to relevant information retained by the Kingslea School Board of Trustees (except for any exemption provided under the Privacy act 1993 such as evaluative material) and to request correction of my information and/or request that there be attached to the information a statement relating to the fact that I have requested a correction.
5. I consent to Kingslea School Board of Trustees, and other persons they have engaged specially for the purpose of assisting with this appointment, making such enquiries with such organisations including but not limited to enquiries with all former employers, Teacher Registration Board, and such-other bodies or organisations which might hold information relevant to my employment, my suitability to manage, and any other information that my prospective employer deems necessary to obtain.
6. I certify that I am registered as a New Zealand teacher. I give my permission for the Appointment Panel to access my file held by the Teachers' Council. I solemnly and sincerely declare that to the best of my knowledge and belief the information I have given in this application and in my CV is correct. I understand that if I have supplied misleading or incorrect information, or have omitted any important information, I may be disqualified from appointment or if appointed, may be liable to be dismissed.
7. This application is submitted on the understanding that any information provided is for the use of the employer and their authorized representatives who may, at any time, have access to this information. I agree to the Appointment Panel approaching my referees for information or seek clarification about my capabilities in relation to this Application. Should the Panel wish to make enquiries of any present or past employers, other than those listed as referees, I give my approval.

Full Name:

Signature:

Date:
