



398 Matapihi Road, RD 5, TAURANGA Ph(07)5785439
Email: office@matapihi.school.nz Website: www.matapihi.school.nz

Employment Application Form – Deputy Principal 2021
(Fixed Term Position while current DP Acts in Principal Role due to study leave)

Please complete all parts of this form:

Personal Details:

Mr Miss Mrs Ms Name: _____

Address: _____ Phone: Mobile _____

_____ Phone: Work _____

Email: _____ Phone: Home _____

Registration: (Attach evidence of current NZ Teacher Registration)

Are you a NZ Registered teacher: Yes/No Registration Type: _____

NZ Teacher Registration Number: _____ **Expiry:** _____

Languages: Can you speak any language other than English? If yes enter details:

Current Employment:

School: _____ Position Held: _____

Time in position: _____ Class level: _____

Do you have secondary employment? Yes / No

Starting Date:

If your application is successful when could you commence employment? _____

Relevant employment experience: (Please outline your experience relevant to this position below.)

School/Employer	Position	Dates	Details

Qualifications relevant to the position:

Qualification	Year attained	School or University

Suitability for the position: (Please supply details as to why you believe you are suitable for this position.)
Please continue on separate sheet if necessary. Your CV should support these documents.

Curriculum Strengths:

Leadership Strengths and experience:

Relationship with pupils/staff/community:

REFEREES

(Please provide details of three professional people who can be contacted to act as referees. It is important that chosen referees are able to verify professional competencies relative to this position, i.e. teaching, administration, management and communication skills.)

Referee contact details:

1) **Name:** _____

Position: _____

Institution/Organisation: _____

Phone(home)_____ **Work**_____

Mobile_____ **Email**_____

Capacity in which I know this person: _____

2) **Name:** _____

Position: _____

Institution/Organisation: _____

Phone(home)_____ **Work**_____

Mobile_____ **Email**_____

Capacity in which I know this person: _____

3) **Name:** _____

Position: _____

Institution/Organisation: _____

Phone(home)_____ **Work**_____

Mobile_____ **Email**_____

Capacity in which I know this person: _____

Health:

Do you have, or have you ever had, a medical condition caused by gradual process, or an injury, illness or disability which the tasks of the job may aggravate or contribute to, or which may affect your ability to carry out the work of the position applied for: Yes / No

If Yes please give brief details:

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. Yes / No

CONVICTIONS

1. Have you ever been convicted of an offence against the law (apart from minor traffic offences) or otherwise know of any reason why you should not be employed to work in the school environment? Yes / No

2. If yes. (Please give full details)

3. Are you currently awaiting the hearing of any charges? Yes / No

Declaration:

Please read the following statement and if you agree to it sign below.

In accordance with the Privacy Act 1993, I give consent for the Board of Trustees or their representatives to make enquiries from the referees listed in this application and give consent to the referees’ making such information available. Furthermore I also give consent for the Board of Trustees or their representatives to make enquiries of past or present; employers, colleagues, other education professionals or any other person who may be in a position to assist the Board in determining my suitability in terms of filling the vacancy and give consent to those people to provide such information.

Signed: _____ Date: _____

Confirmation:

Please read and sign the following statement: I certify that the information provided in this application including my covering letter and curriculum vitae is to the best of my knowledge correct.

Signed: _____ Date: _____

Privacy Statement from the Board of Trustees to Applicants

The information that has been provided or will be provided to the Board of Trustees in regard to this application will only be used for the purpose of determining the applicant’s suitability to fill the vacancy. Only the Board of Trustees and their representatives will have access to the information. On completion of the appointment process curriculum vitae will be returned to all unsuccessful applicants. The curriculum vitae of the successful applicant will be kept on file along with their application. All referee reports along with other information gathered on applicants during the process will be destroyed.