

Thames High School

Te Kura Tuarua o Te Kauaeranga

Kia kōtahi ai te piki ake, kia ikeike rawa ki te taumata
We grow together to achieve one's true potential



Teaching Position Job Application Form

Position applied for:	
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Completed application to be emailed to the **Principal's PA, Ms Tracey Reed** via office@thameshigh.school.nz

Privacy of Personal Information

The information you provide on this application form will be collected and held by the Board of Trustees of Thames High School. It is being collected solely for the purpose of assessing your suitability for employment in this specific position, or any other we may deem appropriate.

Should your application be successful, this document will be retained on your personnel file however should your application be unsuccessful, this document, together with your other application papers, will be confidentially destroyed.

You have the right of access to personal information and to seek any correction you think necessary to ensure accuracy.

PERSONAL DETAILS				
Surname				
Given names				
Preferred name				
Address				
Contact details	HOME		WORK	
	MOBILE		EMAIL	

Current Teacher Classification	Registration No.	
Fully certificated teacher	Expiry date	
Provisionally certificated		
Not certificated		

Are you a citizen of New Zealand?	Yes	No	Do you have Residency Status?	Yes	No
Are you legally entitled to work in New Zealand and in possession of a valid work			Yes	No	
Where appropriate, please attach evidence of eligibility to work in New Zealand.					



Any additional comments?	
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TERTIARY QUALIFICATIONS COMPLETED		
Degree, Diploma or Certificate	Name and Location of Institution	Years of Attendance

TERTIARY QUALIFICATIONS CURRENTLY UNDERTAKEN		
Degree, Diploma or Certificate	Name and Location of Institution	Years of Attendance

SIGNIFICANT RELEVANT PROFESSIONAL DEVELOPMENT IN THE PAST 3 YEARS		
Description	Provider	Year / Date

Present Position			
School			
Period of employment	From	<input type="text"/>	To <input type="text"/>
Position(s) Held			
Type of appointment			Current salary step <input type="text"/>

PREVIOUS EMPLOYMENT POSITIONS		
Please include details of your work history for the last 5 years.		
Years	School/Employer	Position(s) Held

HEALTH		
I understand that any false information given in relation to my medical history may result in the loss of	<input type="checkbox"/> Yes	<input type="checkbox"/> No



entitlement for any compensation from ACC or the Board's workplace accident insurer.		
Please describe any injury or illness you have had that may affect your ability to effectively carry out the duties and responsibilities of this position		
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 details.	Yes	No
Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome which the tasks of this position may aggravate or contribute to?	Yes	No

CONVICTIONS AGAINST THE LAW		
Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?	Yes	No
Have you ever received a police diversion for an offence?	Yes	No
Have you ever been discharged without conviction for an offence?	Yes	No
Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of license, or imprisonment?	Yes	No
Are you awaiting sentencing or do you have charges pending?	Yes	No
In addition to other information provided, are there any other factors that we should know to address your suitability for appointment and your ability to do the job?	Yes	No
Have you ever been the subject of any concerns or complaints involving child safety?	Yes	No
If you answer YES to the above, please enclose a Certified Copy of the entry in the Criminal Record Book relating to the conviction(s), obtained from the Registrar of the Court concerned. The copy should be accompanied by any comments regarding the offence that you wish to make. Please give full details.		
A Board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014.		
Please Note: The Board of Trustees may seek a police clearance of all short-listed applicants or preferred applicants, prior to confirmation of your appointment. Police Clearances are obtained for all new staff members and these are renewed on a three-yearly basis as required by New Zealand Legislation pertaining to the employment of personnel in schools. Failure to provide correct and true details on any conviction or other reason for possible unsuitability will make you liable for dismissal from the employment of the Thames High School by the Board of Trustees, should you be the successful applicant.		

REFEREES		
For the purposes of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purpose of reference checking?	Yes	No

Please give details of referees that you authorize us to contact. At least two of these must be known to you in a work-related capacity. By listing these references, you authorise written and/or verbal referee reports. Referee reports are confidential to the principal/board. Referees will be contacted as part of the shortlisting and/or appointment process.

Full name				
Position				
Relationship to the applicant				
Contact details	Home		WORK	
	MOBILE		EMAIL	



Full name				
Position				
Relationship to the applicant				
Contact details	Home		WORK	
	MOBILE		EMAIL	

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	MOBILE		EMAIL	

DOCUMENTATION AND PROOF OF IDENTITY

Please list the documents that you have attached to this application form. Enclose ONLY COPIES of original documents. Please provide two types of proof of identity (one photo ID, e.g. passport, driver's license and one record ID, birth certificate, bank statement).

DECLARATION

I certify that the information I have completed on this form is both complete and accurate in every detail and I understand that deliberate inaccuracies or omissions may result in non- acceptance of this application and/ or termination of employment

Signature :		Date:	
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AUTHORISATION

Do you agree to inquiries being made as to the accuracy of information contained in this application form or associated documents, or any other matter relating to your suitability for employment? Indicate YES or NO as appropriate.	Yes	No
Present Employer	Yes	No
Past Employer	Yes	No
Other Referees	Yes	No
Former Principal(s)	Yes	No

