

3. TEACHER REGISTRATION	
Status (Please tick the appropriate box)	
▪ Registered Teacher	<input type="checkbox"/>
▪ Provisionally Registered Teacher	<input type="checkbox"/>
▪ Applying for Registration	<input type="checkbox"/>
Practising Certificate No: _____	Expiry Date _____

4. EDUCATIONAL QUALIFICATIONS		
Qualification	Institution	Date Conferred

5. TEACHING EMPLOYMENT HISTORY			
School	Position	Date Duties	
		Commenced	Ceased

6. STATE CURRICULUM AND MANAGEMENT STRENGTHS IN PRIORITY ORDER

7. REFEREES – Please supply the names and details of two referees who may be contacted to support your application. Select your referees from people who currently are, or have been, involved in education.

1. NAME

_____ **Last Name**

_____ **First Name**

Postal Address

Telephone No: Home

Work

Mobile

Relationship to applicant

2. NAME

_____ **Last Name**

_____ **First Name**

Postal Address

Telephone No: Home

Work

Mobile

Relationship to applicant

8. DISCLOSURE OF CONVICTIONS AGAINST THE LAW

Apart from minor traffic infringements have you ever been convicted of any criminal offence? YES NO

If “YES” 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 which you wish to make. Please give full details on a separate sheet if necessary

9. PHYSICAL AND EMOTIONAL FITNESS

Do you have any existing medical condition/s which may affect your to carry out the full duties of the position for which you are applying? YES NO

If 'YES', please detail the nature of the condition/s and any comments on how this may affect your ability to fill the position for which you are applying.

10. OTHER RELEVANT INFORMATION

If there is any other relevant information that would assist the Board in making its decision about your suitability or otherwise to fill the vacancy please outline this below.

11. CONFIRMATION DECLARATION:

I certify that the information given in this application is to the best of my knowledge correct. I understand that this may be verified. I give consent for the Arthur Miller School 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 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 _____

EQUAL EMPLOYMENT OPPORTUNITIES DATASHEET

Arthur Miller School is an Equal Employment Opportunity employer and as such we are required by the State Sector Act 198 to collect information for statistical purposes. The information is voluntary and confidential.

GENDER: Male Female

ETHNICITY: New Zealand European/Pakeha
 Maori
 Pacific Islander (Samoan, Fijian, Tongan, Niuean, Cook Island)
 Other Ethnic Group

DISABILITY: Do you live with the effects of long term injury, illness or disability YES NO

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Movement | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Speech |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Emotional and Mental Health |
| <input type="checkbox"/> Respiration | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Other | |

Do you need any aids or equipment or adaptation to your workplace to make your work easier or improve your work performance? YES NO

If yes, please specify