

Name and Full Postal Address:	
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Contact Details:	
Home:	Work:
Email:	

PRESENT APPOINTMENT OR LAST POSITION HELD

School:	Position:
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OTHER INFORMATION

Are you a New Zealand citizen:	Yes	No
If not, do you have resident status, or:	Yes	No
A current work permit:	Yes	No

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?	Yes	No
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If 'Yes' please elaborate:

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?	Yes	No
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If "Yes" please detail:

Do you have a current New Zealand driver's licence?	Yes	No
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Teacher Registration Number:	Expiry Date:	Type:
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EDUCATION QUALIFICATIONS

Last Secondary Qualification:

Tertiary Qualification/s:

Other relevant qualifications:

Employment History			
Period Worked	Employer's Name	Position Held	Reason for Leaving

REFEREES

Name	Email Address	Telephone/Mobile	Relationship (e.g., employer/principal)

Authority to approach other referees: I authorise the Board, or nominated representative, to approach persons or the Teachers Council, other than the referees I have supplied, to gather information related to my suitability for this appointment	Yes		No	
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The RTLB position requires specific knowledge, skills, attributes and personal characteristics. Please summarise below how your attributes and abilities meet the RTLB role.

Knowledge, skills, attributes and personal characteristics	Past roles in which you have demonstrated these knowledge, skills, attributes and personal characteristics

I certify that the information I have supplied in this application is true and correct. I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.

Signature:		Date:	
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