

**APPLICATION FOR THE POSITION OF LEARNING SUPPORT COORDINATOR –
TE PUNA MATAURANGA KAHUI AKO**

Position Applied For

Personal Details

Tick One

Mr Mrs Ms Miss Or Other Preferred Title:

Surname/Family Name

First Names (in full)

Address:

Contact Phone No. (Private) (Business)

Email.....

NZ Teacher Registration Number:.....

Please tick the appropriate boxes:

Are you a New Zealand citizen? Yes No

If not, do you have resident status, or Yes No

A current work permit? Yes No

Have you ever had a criminal conviction? Yes No

(convictions that fall under the clean slate scheme do not have to be disclosed)

If "Yes" please detail:

Have you ever received a police diversion for an offence? Yes No

If "Yes" please detail:

Have you been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? Yes No

If "Yes" please detail:

Are you awaiting sentencing/currently have charges pending?

Yes No

If "Yes" please state the nature of the convictions/cases pending:

Have you been the subject of any concerns involving student safety?

Yes No

If "Yes" please detail:

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

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

If "Yes" please detail:

Do you have a current New Zealand driver's licence?

Yes No

Present Appointment:

School :

Position Held: Time Position Held:

Names, addresses and phone numbers of TWO referees:

1. Name:

Address:

Phone No. (Home) (Work).....

Capacity you have known the person:

2. Name:

Address:.....

Phone No. (Home)..... (Work)

Capacity you have known the person:

Authority to approach other referees

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I authorise the Board, or nominated representative, permission to access any information held by the Teachers Council, including matters under investigation, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration:

Have you ever been convicted of an offence against the law apart from summary offences?

NO YES

If yes, please provide date and details of offences on a separate sheet. Please note that you may be asked to provide a copy of the relevant court records available from the registrar of the court concerned. I certify that my New Zealand Teachers' Registration Certificate is current. I certify I am a New Zealand citizen **OR** I certify I have been granted NZ residency.

I solemnly and sincerely declare that to the best of my knowledge and belief the information given in this application and in my CV is true and correct.

Applicant's signature: Date:

Note: If completing this electronically a scanned copy of this signed document must be provided

OFFICE USE ONLY: Date application received: ...