



SOUTHWELL SCHOOL - APPLICATION FOR EMPLOYMENT

A condition of employment at Southwell School is an acceptance of involvement in the extensive co-curricular and spiritual life of the School.

Important Note: This form is to be personally completed and signed by you. (If applying electronically subsequent signatures will be required if selected for an interview). **Please ensure all sections are completed.**

This form (and any material you supply with it) is a source of information which will be used in considering your suitability for the position for which you are applying. Failure to supply the information requested may prejudice Southwell School's ability to assess your suitability. If your application is successful, the information will form part of Southwell School's personnel records. You will be entitled to access the information on request to Southwell School's Privacy Officer. The above statements are made in accordance with the Privacy Act 1993. Southwell School receives a large number of applications for positions and, as a result is not able to provide feedback to unsuccessful external applicants. Information provided by unsuccessful applicants will be destroyed when the position is filled.

Please send/email this application form together with:

1. Your current Curriculum Vitae (in chronological order with the most recent position listed first).
2. A covering letter explaining why you believe you are the right person for this position.
3. Scanned copies of any qualifications, teacher's registration certificate, and evidence of right to work in NZ (see Page 2) that are essential for the position that you are applying for. Please do not include any original documents.

POSITION YOU ARE APPLYING FOR

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PERSONAL DETAILS

Last Name:	
First Name(s):	
Title & Preferred Name (if any):	
Address:	
Email Address:	
Home Phone:	
Work Phone:	
Mobile Phone:	

RIGHT TO WORK IN NZ

Note for external applicants: To be legally entitled to work in New Zealand you should be a New Zealand (NZ) citizen, have Permanent Resident status, or have a current work permit.

Are you a NZ Citizen? or	
Are you a Permanent Resident of NZ? or	
Do you hold a Work Visa or Permit? If yes, Expiry Date? Do any special conditions apply to your Work Visa or Permit? If yes, please specify.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you started the Immigration Process?	
Are you just requiring a Job Offer?	
If you hold a current Work Visa or Work Permit, please advise Expiry Date:	

*If you are a preferred candidate, you will need to confirm your identity.
Please ensure you will be able to provide documentation of this if required.
If selected for an interview you will need to bring originals of:*

For NZ Citizens:

1: Your passport or; 2: Your birth certificate and a photo ID (e.g. driver's licence)

For holders of overseas passports:

1: Your passport and; 2: Evidence of permanent residence or visa/work permits

TEACHER REGISTRATION

Complete if applicable

Teacher Registration No:	Number: Expiry Date
Teacher Registration Category: <i>(tick one)</i>	<input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Subject to Confirmation
Have you ever been declined Teacher Registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION / QUALIFICATIONS

As relevant for the role.- Where appropriate you will be required to produce the original qualification documents

Name of University / Technical Institute / School	Date from	Date to	Qualifications Obtained

CRIMINAL CONVICTIONS

Note if you are successful in securing this position, you will be required to complete a Ministry of Justice Criminal Conviction Checks form; this will be given to you at a later stage. (Note that a criminal conviction will not necessarily exclude you from being considered.) For the following sections, answering 'yes' will not exclude you from being considered for the position.

Important: If applying for a role that predominately involves the care and protection of children or young people (e.g. Teacher, House Master/Mistress) but not predominantly involving the delivery of education to, then section 19(3) of the Criminal Records (Clean Slate) Act 2004 will apply and you are required to disclose all your prior convictions when answering the criminal convictions questions below.

Have you ever been convicted of any criminal offences that are not concealed under the Criminal Records (Clean Slate) Act 2004 (including benefit fraud, but not parking offences)?

Yes

No

If yes, please give all relevant details below for each conviction not concealed by the Criminal Convictions (Clean Slate) Act:

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Do you have any criminal or civil charges pending or under investigation (including charges pending or under investigation by the NZ Teachers Council)? **If yes,** please give brief details below:

Yes

No

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DRIVER'S LICENCE

Do you have a current and valid NZ driver's licence? <i>(If no, go to Health & Safety & ACC question)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What type of licence do you have?		
What is your licence number?		
Classes held?		
Do you have any demerit points:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you any current licence endorsements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any cases pending which could affect your licence? If yes , give brief details below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HEALTH & SAFETY and ACC

Letting us know that you have a medical condition or disability will not exclude you from being considered for this position.

Are you taking any drugs or medicine which would prevent or restrict you from performing any aspects of the job for which you are applying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have, or have you ever had, an injury or psychological or medical condition including those caused by gradual process, disease or infection (eg hearing loss, or occupation overuse syndrome) or any other disability, which:

May affect your ability to perform the duties of the position to satisfactory standards set by Southwell School or;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There may be a risk of harm to yourself as the tasks of the job may aggravate or contribute to the condition or;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May pose a risk of harm to others, including the risk of infecting another person with an illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the questions above, please give brief details:

To assist us to assess your condition and the possible effects of the position on your health, would you be prepared to have a medical examination by a doctor nominated by the School and at its expense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special services or facilities, technical aides, equipment or adaptations to the workplace that you would require to be able to satisfactorily carry out the duties of this position and to effectively eliminate, isolate or minimise the risks identified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Approximately how many days have you been absent from work in the last 12 months, other than for annual leave and public holidays?		

ADDITIONAL INFORMATION	
If successful, when could you start work at Southwell School?	
<p>If offered this role, will you concurrently hold any secondary jobs?</p> <p>If yes, please provide details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you have a spouse, partner, relative, or household member working at Southwell School or at another school?</p> <p>If yes, please provide details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Do you have any children attending Southwell School?</p> <p>If yes, please provide name(s).</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONFLICTS OF INTEREST	
<p>Are you aware of any current or potential conflicts of interest?</p> <p>If yes, please give brief details.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOW DID YOU FIND OUT ABOUT THIS POSITION?

Website?	<input type="checkbox"/> Yes <i>(If yes please specify)</i>
Newspaper?	<input type="checkbox"/> Yes <i>(If yes please specify)</i>
Word of Mouth?	<input type="checkbox"/> Yes
Other?	<input type="checkbox"/> Yes <i>(If yes please specify)</i>

REFEREES

Please provide details of **three referees - two recent work related referees** (preferably individuals whom you reported directly to) **and one character referee** - who we can discuss your application with. **Please note we will not make contact with your referees without discussing this first with you.**

By signing the declaration at the end of this application form you are authorising Southwell School to contact these referees and acknowledging that the information they provide will be supplied in confidence as evaluative material and will not be disclosed to you.

Work Referee 1 (current or most recent supervisor / manager)

Name	
Job Title	
Name of organisation	
Telephone number	
Relationship to applicant	

Work Referee 2

Name	
Job Title	
Name of organisation	
Telephone number	
Relationship to applicant	

Character Referee

Name	
Relationship to applicant	
Telephone number	

AUTHORITY & DECLARATION

I authorise Southwell School to collect personal information about me from my referees (if I am shortlisted or the preferred applicant) to assess my suitability for employment with Southwell School, and I authorise Southwell School to disclose the necessary information to my referees for this purpose. I also authorise the referees I have named to disclose all relevant information to Southwell School for the same purpose.

I acknowledge that information collected from me may be used for the selection process and where any review of appointment is sought.

I declare that the information provided on this form and any supplementary information provided in support of my application is true and accurate and provides a balanced and complete view of the details relevant for considering me for employment. I acknowledge that if I give any incorrect or misleading information or have omitted any important information during the appointment process either verbally or in writing, I may be disqualified from consideration or, if appointed and this is subsequently discovered, I may be liable for dismissal.

I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

Signature:

Date:

EXTERNAL APPLICANTS

We require your authority (2nd signature) to process these checks.

Signature:

Date: