



APPLICATION FORM: Scale A Position

From Term 1 2020

CLOSING DATE – 12th December 2019

Applicants are asked to please complete the information sheet below and include this with your Curriculum Vitae and any other relevant details to support your application.

Applying for: Fixed Term Role

Personal Details

Name: _____	Phone number: _____
Address: _____	Home: _____
_____	Work: _____
Date of Birth: _____	Mobile: _____
	Email: _____

Current Position (if applicable)

School: _____
Position held: _____
Time in position: _____

Referee Details

Referee Name:	Referee Name:
Email address:	Email address:
Phone Number:	Phone Number:
Home:	Home:
Work:	Work:
Relationship to you:	Relationship to you:

DECLARATION:

Please read the following statement and if you agree to it sign below.

In accordance with the Privacy Act 1993, I give consent for the Te Kowhai School Appointments Team to make enquiries from the referees listed in the application and give consent to the referees making such information available. Furthermore I also give consent to make enquiries of past or present employers, colleagues, NZ Teachers Council or equivalent overseas professional body 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 providing such information.

Signed:

Date:

Have you ever been convicted of any offence against the law (apart from minor traffic convictions) or otherwise know of any reason why you should not be employed to work in a school environment?

YES / NO

If you have answered "YES" please provide the date and details of the offence, or other reasons together with any comments you may wish to make.

Medical Questionnaire

Do you have any medical conditions that may affect your ability to effectively carry out the functions and responsibilities of employment, or which may be aggravated or further contributed to by the functions and responsibilities of employment?

Yes / No

If you have answered yes to the above question, please specify health problems or disabilities overleaf.

CONFIRMATION:

I certify that I am a current registered teacher (please attach evidence) and that the information given in this application, and in my C.V. is correct and verifiable.

Applicant's Signature:

Date: