

**POSITION APPLIED FOR:**

**PERSONAL DETAILS:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT TELEPHONE NUMBER: \_\_\_\_\_

GENDER: Female  Male

ETHNIC IDENTIFICATION (Maori/NZ European/Other): \_\_\_\_\_

(EEO information confidential; to be used for statistical purposes only)

**REGISTRATION:**

Teacher Registration Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Category of Registration: Full  Subject to confirmation   
Provisional  LAT

State any special conditions of Registration: \_\_\_\_\_

If no certificate held, have you applied for a certificate: Yes  No

Date of application:

Completion Date & Institution of Teacher Training:

**QUALIFICATIONS:** (Educational or other relevant qualifications)

Qualification

Date Attained

**PREVIOUS PAID EMPLOYMENT EXPERIENCE:**

Employer	Position	Start Date	End Date

**CONVICTIONS AGAINST THE LAW/UNSUITABILITY FOR THE POSITION:**

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 the 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.

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Please note you may be asked to provide a copy of the relevant Court record(s) obtainable from the Registrar of the Court concerned. Failure to provide correct and true details of any conviction will make you liable to dismissal from the employment of the Board of Trustees, should you be a successful applicant.

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**REFEREES:**

Provide details of three people who can be contacted to provide references (previous employers preferred)

Name & Position	Address	Contact telephone

**AUTHORISATION**

I hereby authorise New Zealand Teacher’s Council to release any information held by the Council to Excellere College that is relevant to this application.

Applicant’s signature \_\_\_\_\_ Date \_\_\_\_\_

**DECLARATION:**

I certify that I am registered as a New Zealand teacher and hold a current practicing certificate.

I solemnly and sincerely declare that, to the best of my knowledge and belief, the information provided in this application and in my Curriculum Vitae is true and correct.

I accept that the Board of trustees of Excellere College may seek external confirmation of any of the details of my application.

Applicant’s signature \_\_\_\_\_

Date \_\_\_\_\_

<p>Please attach your CV, Special Character Responses and other relevant information and forward the application to:  The Principal, Excellere College, PO Box 4237, Kamo, Whangarei  Email - <a href="mailto:principal@excellerecollege.school.nz">principal@excellerecollege.school.nz</a></p>
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