

120 Paparoa Street  
Papanui  
CHRISTCHURCH 8053  
Phone: 03 352 8160  
Fax: 03 352 0410  
Email: [office@paparoastreet.school.nz](mailto:office@paparoastreet.school.nz)  
Web: [www.paparoastreet.school.nz](http://www.paparoastreet.school.nz)



*Pathway for Lifelong Learners*

Dear Applicant,

Thank you for your request for further information about our vacancy. Please find attached the following:

- 1 Application form
- 2 Details of referees and applicant's permission to contact

If you would like to be considered for the advertised position please fill in the application form and return it to the school by post or email, together with your CV and letter of application, by the advertised date.

All applications must be received electronically to [principal@paparoastreet.school.nz](mailto:principal@paparoastreet.school.nz)

We look forward to receiving your application.

Yours sincerely,

Pene Abbie  
**Principal**

**APPLICATION FOR APPOINTMENT**

Please post or email to:                      Application  
Paparoa Street School  
120 Paparoa Street  
Christchurch 8053  
**principal@paparoastreet.school.nz**

**Personal details**

Surname: \_\_\_\_\_ Mr / Mrs / Miss / Ms

First names: \_\_\_\_\_

Postal address: \_\_\_\_\_ Post code: \_\_\_\_\_

Phone: \_\_\_\_\_ (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell)

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Present appointment**

Location: \_\_\_\_\_ School: \_\_\_\_\_

Principal: \_\_\_\_\_ Phone: \_\_\_\_\_

Is your Principal able to be contacted about this position?                      YES/NO

**Educational qualifications**

Qualification	Date Awarded

**Registration details**

Full

Provisional

Expiry date: \_\_\_\_\_

Teacher Registration Number: \_\_\_\_\_

**Details of teaching service**

Position	School	Class level	From	Until	Training/ Full time/ Part Time

Please also indicate breaks in service and give reasons e.g. travel overseas.

Total certificated service:

a) In permanent positions \_\_\_\_\_ years \_\_\_\_\_ months

b) In relieving positions \_\_\_\_\_ years \_\_\_\_\_ months

Have you been convicted of a criminal offence? YES / NO

If YES, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. Confirmation**

I hereby certify that the information given in this application is, to the best of my knowledge, correct. I understand that this may be verified.

I further assure the Board that there are no diagnosed medical issues currently known to me that could impact on my ability to fully complete, without issue, the required duties of the advertised position.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

## REFEREES

Please provide details of two people who can be contacted to verify statements made in your application.

1 Name and position \_\_\_\_\_

Address: \_\_\_\_\_

Tel. numbers: \_\_\_\_\_ (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell)

2 Name and position \_\_\_\_\_

Address: \_\_\_\_\_

Tel. numbers: \_\_\_\_\_ (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell)

3 Name and position \_\_\_\_\_

Address: \_\_\_\_\_

Tel. numbers: \_\_\_\_\_ (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cell)

Please read the following statement carefully, sign and return with your application.

*I agree to the Paparoa Street School of Trustees or its agents approaching my referees for a statement of my abilities in relation to this application.*

*I further agree to the Paparoa Street School Board of Trustees approaching my current or previous employer, or other referees, for a statement of my suitability if he/she is not nominated as one of my referees.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_