

Application for Appointment of Principal Release Teacher, Whangaehu School

1. Personal Details

| | |
|---|--|
| Full name | |
| Preferred Title | |
| Address | |
| | |
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| | |
| Telephone (Home) | |
| Telephone (Work) | |
| Telephone (Mobile) | |
| Email | |
| Teacher Certification # | |
| Expiry Date | |
| Qualifications relevant to the position | |

2. Employment history

| School | Position held | Reason for leaving | Period employed |
|--------|---------------|--------------------|-----------------|
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3. Proof of Identity, Criminal Record, Right to Work

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| <p>Proof of identity and right to work check</p> <p><i>Shortlisted applicants being interviewed will need to provide originals of two types identification (one photo ID e.g. passport, New Zealand driver license and the other a record ID e.g. birth certificate, bank statement, a bill).</i></p> <p><u>Immigration information</u></p> <p>Are you a New Zealand citizen?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>If not, do you have resident status, or</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>A current work permit</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Have you ever had a criminal conviction? (convictions that fall under the clean slate scheme do not have to be disclosed)</p> <p>If "Yes" please detail: Click here to enter text.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Have you ever received a police diversion for an offence?</p> <p>If "Yes" please detail: Click here to enter text.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Have you ever been discharged without conviction for an offence?</p> <p>If "Yes" please detail: Click here to enter text.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment?</p> <p>If "Yes" please detail: Click here to enter text.</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Do you have a current New Zealand Driver's Licence?</p> | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |

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| Are you awaiting sentencing or have charges pending? If "Yes" please state, the nature of the conviction/cases pending: Click here to enter text. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and your ability to do the job? If "Yes", please elaborate: Click here to enter text. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Have you ever been the subject of any concerns involving child safety? If "Yes" please detail: Click here to enter text. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 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 position may aggravate or contribute to? If "Yes", please detail: Click here to enter text. | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you hold a current practicing certificate from the Education Council of Aotearoa? Please enter your certification number: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

4. Referees

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your most recent work performance (please indicate in the table below). If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

| Referee 1 | |
|-----------|--|
| Full name | |
| Address | |
| | |

| | |
|---------------------------|--|
| | |
| Telephone (Home) | |
| Telephone (Work) | |
| Telephone (Mobile) | |
| Email | |
| Relationship to applicant | |
| Years known to applicant | |

| Referee 2 | |
|---------------------------|--|
| Full name | |
| Address | |
| | |
| | |
| | |
| Telephone (Home) | |
| Telephone (Work) | |
| Telephone (Mobile) | |
| Email | |
| Relationship to applicant | |
| Years known to applicant | |

| Referee 3 | |
|--------------------|--|
| Full name | |
| Address | |
| | |
| | |
| | |
| Telephone (Home) | |
| Telephone (Work) | |
| Telephone (Mobile) | |

| | |
|---------------------------|--|
| Email | |
| Relationship to applicant | |
| Years known to applicant | |

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 Teaching Council of Aotearoa New Zealand or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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|---|-------------------------------|
| 1) I give permission for the Whangaehu School Board of Trustees to check my record with the New Zealand Police. | (Please sign here to confirm) |
| 2) To the best of my knowledge the statements in my application and <i>Curriculum Vitae</i> are true and accurate. I give permission for these claims to be verified. I understand that the conditions of my employment may be jeopardized if the claims are found to be false. | (Please sign here to confirm) |
| 3) I confirm in terms of the Privacy Act 1993 that I have authorised access to referees. | (Please sign here to confirm) |
| 4) I know of no reason why I would not be suitable to work with children/young people. | (Please sign here to confirm) |
| 5) I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed. | (Please sign here to confirm) |

5. Signature and Date

(Signature)

(Date)

Please send the completed application form, covering letter and CV to the following email address, by Friday 11th December 2020 at 3.00pm – treddish@welearn.school.nz