

APPLICATION FOR APPOINTMENT



Position Applied for: Learning Support Coordinator

Permanent Position

Name:

Address:

Contact Phone Numbers

Home:

Work:

Mobile:

Email:

Teacher Registration:

Number:

Expiry:

Status: *(please circle)* Full / Subject to Confirmation

PRESENT EMPLOYMENT

Name of Present Employer:

Address:

Contact Phone Numbers

Work:

Other:

Position Held:

Date Commenced:

REFEREES

1. Name:

Address:

Ph Hm:

Work:

Mobile:

Email:

Relationship to Applicant:

2. Name:

Address:

Ph Hm:

Work:

Mobile:

Email:

Relationship to Applicant:

PRIVACY ACT 1993 *(To be signed by the Applicant)*

This application is submitted on the understanding that any information given is for the use of the employer and their authorised representatives who may at any time have access to this information. I agree to the Board of Trustees (or its agents) approaching my referees for a written statement of my abilities in relation to this application and, should it be necessary, to seek verbal clarification from the above referees on points that may need further explanation. Furthermore consent is given for members of the Board of Trustees or its agents to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for the position at this school.

APPLICANT'S SIGNATURE:

DATE:

DECLARATION

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE AGAINST THE LAW? *(apart from summary offences)*

If **YES**, please provide date and details of offence/s on a separate sheet. Please note that you may be asked to provide a copy of the relevant court records available from the Registrar of the Court concerned.

I certify that I am registered (or provisionally registered) as a New Zealand Teacher as per above. I solemnly and sincerely declare that to the best of my knowledge and belief the information given in this application and in my C.V, is correct.

APPLICANT'S SIGNATURE:

DATE:

FRANKTON SCHOOL