



# Application Form

- Please complete this form and return it to us with a copy of your **Curriculum Vitae/resume** and cover letter.
- You should ensure that your CV has full details of your vocational and educational history. Please include your reason for leaving previous jobs.
- Please **email** your CV and Application form to [bhackett@greylynn.school.nz](mailto:bhackett@greylynn.school.nz)

<b>Position applied for:</b> Scale A Junior Teacher Y2 Permanent	GREY LYNN SCHOOL
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<b>Location:</b> Grey Lynn, Auckland	<b>Start Date:</b> 28/01/2020
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<b>Full name:</b>  <b>Previous Name (if applicable):</b>
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<b>Postal address:</b>  <b>Email address:</b>	<b>Daytime contact phone:</b>
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<b>Registration Status:</b>	<b>Registration number:</b>
<b>Registration expiry date:</b>	

<b>Entitlement to work in New Zealand</b> Are you –  A NZ citizen? <input type="checkbox"/> Yes or a permanent resident of NZ? <input type="checkbox"/> Yes (please ✓ one)  If not, do you have the legal right to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No (please ✓ one) <i>(if you answer yes, you will be asked to produce your work permit if you attend an interview).</i>
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<b>Criminal offence(s)</b> As you are applying for a position of trust, could you please advise if – You have ever been convicted of any offence against the law (apart from parking offences)* <input type="checkbox"/> Yes <input type="checkbox"/> No (please ✓ one)  You have any criminal charges pending or under investigation <input type="checkbox"/> Yes <input type="checkbox"/> No (please ✓ one)  <i>If you answer yes, please provide full details</i> _____
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\*This question is subject to the provisions of the Criminal Records (Clean Slate) Act 2004. This Act gives the eligible individuals the right, in some circumstances, to withhold information about their convictions.

### Health

Do you currently have, or have you ever had, a medical condition caused by the gradual process, injuring illness or disability that could reasonably be expected to affect your ability to carry out the work of the position applied for; or which could reasonably be expected to be aggravated or contributed to by the work of the position applied for?

Yes  No (please ✓ one)

If you answer yes, please specify \_\_\_\_\_

I agree to undergo a medical examination if required at the expense of Grey Lynn School (GLS) and that the results can be made available to GLS.

Yes  No (please ✓ one)



## 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 work performance.

If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

Name	Address	Phone	Relationship (eg, employer/principal)

Please list briefly your previous teaching experience:

Year/s	School	Position


<b>Authority to approach other referees:</b> 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 (✓)	No (✓)
I authorise the Board, or nominated representative, permission to access any information held by the Teachers Council, including matters under investigation, to gather information related to my suitability for appointment to the position.	Yes (✓)	No (✓)



## Declaration & Statement of Rights of applicants for positions with Grey Lynn School

### Grey Lynn School (GLS) –

- Will gather references and reports from referees you have provided for the purposes of this application. Any information provided to any employee or representative will be confidential to GLS and will not be divulged to anyone not directly involved in the appointment process.
- May retain the information which you provide for the purposes of assessing your suitability for appointment for up to 90 days following the filling of the position to which this application relates if your application is unsuccessful. After this time, your personal information will be confidentially destroyed unless requested otherwise by you.
- Will allow you, in accordance with the Privacy Act 1993, to have the right of access to certain information and to request a correction to it and/or to request that there be attached to it a statement that you have requested a correction. Additionally, and in accordance with the Privacy Act 1993, GLS agrees to maintain the information provided by you in a confidential and secure manner. The information will be used only for the purposes of assessing your suitability for the position for which you have applied. Subject to the following bullet point, your information will not be passed onto any third party without your permission in writing.

### The applicant:

- Agrees that if offered the position, they will produce:
  - An IRD number
  - Evidence of date of birth
  - A bank account number

- Evidence of educational qualifications
- Two forms of identification, at least one of which must be photo ID
- Evidence of citizenship/residency status, work permit if requested

I certify that the particulars provided in this application for appointment are true and correct. If appointed, and if it is found the information supplied was either false or misleading, my employment may be summarily terminated. I know of no reason why I should not be suitable to work with children. I also certify that I have read and understood the information contained within this statement of rights.

Applicant's name: \_\_\_\_\_

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