



## Whanganui Girls' College

# Application Form

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### 1 Position applied for:

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### 2 Personal details

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone (day) \_\_\_\_\_

\_\_\_\_\_ Phone (evening) \_\_\_\_\_

Nationality / Citizenship \_\_\_\_\_

If other than NZ, evidence of NZ residency is required.

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### 3 Teacher registration

Registration number \_\_\_\_\_ Status of registration \_\_\_\_\_ Expiry date \_\_\_\_\_

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### 4 Qualifications and training

Year	Degree / Diploma / Certificate / Course	Papers	University / Polytechnic / Training provider	NZQA QT (if available) <i>Overseas quals only</i>





**9 Ability and willingness to teach or take responsibility for other curricula (than that specified for the advertised position)**

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**10 Referees**

*Note to applicants: All applicants are required to provide the names of at least three referees who are familiar with their professional practice. Applicants are asked to supply comprehensive phone and other contact information for referees.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

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**11 Declaration**

- 1 I consent to confidential enquiries being made to establish my suitability for the advertised position and understand that such enquiries may be made of people other than those I have nominated.
- 2 I certify that the information given in this application and attached materials is correct and verifiable.
- 3 I understand that incorrect information provided and material fact suppressed will lead to the review of my employment should I be appointed
- 4 I (*delete one*) have not / have (*provide details*) been convicted of an offence against the law (apart from minor traffic convictions) or been through the police diversion scheme. Attach details except where the Criminal Records (clean slate) Act applies.
- 5 I understand that consent to disclosure of information by the Licencing and Vetting Service Centre will be required before my appointment can be confirmed.

**Signed**..... **Date**.....

*Address this application and supporting documents to: The Principal, Private Bag 3004, Whanganui, New Zealand.*

**Applications close : Monday 30<sup>th</sup> September, 2019, 5pm**

**School Contact Details: Telephone: 06 349 0944 Email: jtowers@wgc.ac.nz**