

Application Form

Application for position of Teacher, Fossil Bay Kindergarten

1. Personal Details

Full name	
Preferred Title/Name	
Address	
Telephone (Home/Work)	
Telephone (Mobile)	
Email	
Teacher Registration #	
Expiry Date	
Qualifications relevant to the position	

Summary of positions held over the past 10 years

School/Kindergarten	Position held	Reason for leaving	Period employed

2. General

1) Have you ever been convicted of an offence?	YES / NO (Please circle)
If 'YES', please supply relevant details:	
2) I give permission for the Waiheke Island Rudolf Steiner Education Trust to check my record with New Zealand Police.	(Please sign here to confirm)
3) 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)
4) I give permission for the Waiheke Island Rudolf Steiner Education Trust to gather information from any person or organisation that the trust deems necessary in relation to the job description.	(Please sign here to confirm)

3. Personal statements

Please complete the following self-assessment. The boxes will expand automatically as you type.
Bullet points are acceptable.

1. How do you meet the needs of the children in your class?
What are your skills and strengths as a kindergartener?

2. Describe how you see your approach to teaching aligning with Steiner education.
What has attracted you to apply for this position?

3. What is important to you in your collegial, professional relationships? What would you bring to the team?

4. Describe your approach to kindergarten-home relationships / whānau engagement.

5. Anything else you would like to tell us?

Referees

Please provide the names of three people who could act as professional referees for you. We ask that at least one is a person you currently work with.

Referee 1	
Full name	
Address	
Telephone	
Email	
Relationship to applicant	
Years known to applicant	

Referee 2	
Full name	
Address	
Telephone	
Email	
Relationship to applicant	
Years known to applicant	

Referee 3	
Full name	
Address	
Telephone	
Email	
Relationship to applicant	
Years known to applicant	

Signature and Date:

(Signature – *electronic is acceptable*)

(Date)

Email your completed application to Bronwyn Harvey, wise.trustchair@gmail.com

or post (if posting, please advise by email):

Bronwyn Harvey
 Waiheke Island Rudolf Steiner Education Trust
 P.O.Box 128
 Waiheke Island 1081