

TEACHING POSITION APPLICATION FORM

Please post or email to:

Cashmere High School
172 Rose Street
Christchurch 8024
bah@cashmere.school.nz

Position applied for:

PERSONAL DETAILS

Surname			
Given names			
Preferred name			
Address			
Date of birth			
Contact details	HOME		WORK
	MOBILE		EMAIL

Certificated Teacher Status	<input checked="" type="checkbox"/>	Registration No.	Expiry date
Certificated teacher	<input type="checkbox"/>		
Provisionally certificated	<input type="checkbox"/>		
Not certificated	<input type="checkbox"/>		

Present Teaching Position	
School	
Date appointed	
Type of appointment	

Can we contact your principal about this position? YES NO

Educational Qualifications	Type of qualification	Date received	Received from

Employment History

Please include details of your work history for the last 5 years.

SCHOOL	POSITION	DATES	CLASS LEVEL

Please indicate any breaks in service and give reasons, e.g. overseas travel:

DATES	REASON FOR BREAK

CONFIRMATION

1	<p>I certify that the information given in this application is, to the best of my knowledge, true and correct. 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 dismissed.</p> <p>I understand the information submitted and collected for this appointment process will be stored at the school site, and accessible to the Appointment Committee, Executive Officer and Principal's PA.</p>	Yes	No
2	I am currently registered to teach in New Zealand.	Yes	No
3	<p>In accordance with the Privacy Act, I authorise the Board of Trustees to:</p> <ul style="list-style-type: none"> • Obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the board. • Obtain information in relation to my application from persons not listed as referees, and I consent to these persons disclosing pertinent information to the board. • Contact the Education Council. 	Yes	No

STUDENT SAFETY [*Cross out the statements that don't apply to you.*]

4

- I have never been the subject of a complaint about the safety of a student
- I have been the subject of a complaint about the safety of a student.
Please give dates and details

OFFENCES AGAINST THE LAW [*Cross out the statements that don't apply to you.*]

5

- I have never been convicted of an offence against the law (excluding minor traffic convictions).
- I have been convicted of an offence against the law.
Please give dates and details:
- I have pending charges of an offence against the law.
Please give dates and details:

6

I know of no reason why I would not be suitable to work with children or young people.

TRUE

FALSE

7

I do not have any health issues that would impede my ability to successfully undertake the duties and responsibilities as outlined in the current job description for the position for which I am applying (*if false, please give details below*):

I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation for Accident Compensation Corporation or the Cashmere High School Board of Trustees' workplace accident insurer.

TRUE

FALSE

By signing below, I confirm that all of the above answers and information provided is true and correct.

Applicant's signature

Date

REFEREES

Please provide the names and contact details of three referees below. Referees' reports are confidential to the board. Referees will only be contacted for candidates who are short-listed.

REFEREE 1 DETAILS

Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	

REFEREE 2 DETAILS

Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	

REFEREE 3 DETAILS

Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	