Important Notes for Applicants

Thank you for applying for a position at Te Puna Wai o Waipapa - Hagley College.

- Please email your Application Form (below), Covering Letter (maximum two pages A4), CV (maximum of three A4 pages) and copies of qualification certificates which are relevant to this position to: sherron.harrison@staff.hagley.school.nz
- Your covering letter should outline the strengths and abilities you bring to this position and how you can contribute to Te Puna Wai o Waipapa - Hagley College's unique culture.
- If you are successful in your application, you will be required to provide original qualification certificates.
- The Application Form and supporting documents will be held by Te Puna Wai o Waipapa - Hagley College. You may access it in accordance with the provisions of the Privacy Act 1993.
- If you have any queries about this application, please contact Sherron Harrison, Senior Team Leadership Administrator: sherron.harrison@staff.hagley.school.nz

Application Form

CONFIDENTIAL – to be completed personally by the applicant

Full Name:
Preferred Name:
Position applied for:
Email:
Address:
Mobile:
MOE Number (if known):

Are you a New Zealand Citizen/resident? **YES** **NO**

Are you legally entitled to work in New Zealand? **YES** **NO**

Are you a New Zealand Registered Teacher? **YES** **NO**

If yes, please give your Teacher registration number and expiry date:

FULL **PROVISIONAL** **OTHER**

REFEREE 1

Name	**Email**
Kura/Institution	**Position**
	Mobile
	Work phone

REFEREE 2

Name	**Email**
Kura/Institution	**Position**
	Mobile
	Work phone

REFEREE 3

Name	**Email**
Kura/Institution	**Position**
	Mobile
	Work phone

DECLARATIONS

Do you have any injury or illness that may affect your ability to effectively carry out the duties and responsibilities outlined in the job description?

YES
NO
If yes, please give details.

Have you ever been convicted of any criminal offence (other than a minor traffic offence) or otherwise know of any reason you should not be employed to work in a school environment?

YES
NO
If yes, please give details.

Have you ever received diversion or otherwise know of any reason you should not be employed to work in a school environment?

YES
NO
If yes, please give details.

Do you have any charges pending?

YES
NO
If yes, please give details.

In addition to other information provided, are there any other factors that we should know to assess your suitability for appointment and ability to do the job?

YES **NO**
If yes, please give details.

Declaration One

In accordance with the Privacy Act 1993, I give consent for the Board or their representatives to make enquiries from the referees listed in the application and give consent to the referees making such information available. Furthermore, I also give consent for the Board or their representatives to make enquiries of past or present employers, colleagues, NZTC or equivalent overseas professional body or any other person who may be in a position to assist the Board in determining my suitability in terms of filling the vacancy and give consent to those people providing such information.

Declaration Two

I declare that to the best of my knowledge, the answers given in this application for employment are correct and I understand that if any omission, false or deliberately misleading information is given, or material fact suppressed, I will not be considered or, that if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease, or infection, may result in loss of entitlement for any compensation from ACC or the Boards accident insurer.

I certify that:

- The information I have supplied in this application is true and correct
- I confirm in terms of the Privacy Act 1993 that I have authorized access to referees
- I know of no reason why I would not be suitable to work with children/young people
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information, or if appointed, I may be disqualified from appointment, may be liable to be dismissed. *By entering your full legal name in the signature box below you agree to the above declarations.*

Applicant's signature	**Date**