ŌHAU School
Application Form

Respect Whakanuia | Kindness Ngākau aroha | Responsibility Mana whakahaere | Determination Manawanui | Honesty Mahi pono

Personal Details
Name: Address: Phone number: Email:
HEALTH *The information under the heading Health, is required to assist the school to meet its obligations under the Health and Safety At Work Act and the Accident Rehabilitation and Compensation Insurance Act. The Acts require that where possible we should accommodate applications with such conditions.*
Have you had an injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to? ❑ YES ❑ NO If 'yes', please give details below and describe any technical aids, equipment or adaptations to the workplace which you would need to make your work easier and/or increase your performance.

COURT CONVICTIONS

The information under the heading Court Convictions is required because some convictions will be unacceptable. If you answer yes to any of these questions, you may be asked for further details in an interview if you are successful in receiving one.

Have you ever had a criminal conviction?

- ❑ YES
- ❑ NO

If 'yes' please detail:

Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence or imprisonment?

- ❑ YES
- ❑ NO

If 'yes' please detail:

Have you ever received a police diversion for an offence?

- ❑ YES
- ❑ NO

If 'yes' please detail:

Are you awaiting sentencing/currently have charges pending?

- ❑ YES
- ❑ NO

If 'yes' please state the nature of the conviction/cases pending:

Have you ever been the subject of any concerns involving student safety?

- ❑ YES
- ❑ NO

If 'yes' please detail:

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 detail:

I have a current Full New Zealand driver's licence?

- ❑ YES
- ❑ NO

EMPLOYMENT HISTORY

Please list your work experience for the last five years beginning with your most recent position. Please explain any gaps in employment. If you were self-employed, give details. Attach additional sheets if necessary.

Period worked (Please state start and end date)			**Employer's name (Or reason for employment gap)**	**Position held**
Start date	**to**	**End date**		

REFEREES

Name and Contact Details for at least two Referees		
Name:	Contact:	Relationship:
Name:	Contact:	Relationship:

Name:	Contact:	Relationship:

AUTHORITY TO APPROACH OTHER REFEREES

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

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 authorised 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, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

Signature:_____ Date:_____

Toro atu ki te Tamaiti, Hei whakaako te tamaiti
"Reach each child to teach each child."