Application Form: Newmarket School Teacher

Name and Full Postal Address:	

Contact Details:			
Home:		Work:	
Email:			

PRESENT APPOINTMENT OR LAST POSITION HELD

School:		Position:	

OTHER INFORMATION

Are you a New Zealand citizen:	Yes		No	
If not, do you have resident status, or:	Yes		No	
A current work permit:	Yes		No	
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 elaborate:				
Have you had any 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 detail:				
Do you have a current New Zealand driver's licence?	Yes		No	

TEACHER REGISTRATION

Registration Number:		Expiry Date:		Type:	

EDUCATION QUALIFICATIONS

Last Secondary Qualification:	
Tertiary Qualification/s:	

Other relevant qualifications:	

EMPLOYMENT HISTORY Please outline most recent employment history, beginning with current or latest employment.

Period Worked	Employer's Name	Position Held	Reason for Leaving

REFEREES Please provide the names of three three referees.

Name	Address	Telephone	Relationship (e.g., employer/principal)

Authority to approach other referees: I authorise the Board, or nominated representative, to approach persons or the Teachers Council, other than the referees I have supplied, to gather information related to my suitability for this appointment	**Yes**		**No**	

The position requires specific knowledge, skills, attributes and personal characteristics.
Please summarise below how your attributes and abilities meet the role.

Knowledge, skills, attributes and personal characteristics	Past roles in which you have demonstrated these knowledge, skills, attributes and personal characteristics and what you did

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.

Signature:		**Date:**	