MARLBOROUGH KINDERGARTEN ASSOCIATION
KINDERGARTEN TEACHER APPLICATION FORM

Before completing this form, please read it through carefully; taking note also of information printed in the advertisement. Late applications will not be accepted.

INSTRUCTIONS FOR COMPLETION OF THIS APPLICATION

- Applicants must complete this form and may use additional pages where necessary. A curriculum vitae is also required.
- Please enclose a covering letter with your application, summarising achievements (including actual examples) that demonstrate your capability for the position.

APPLICANT DETAILS:

Full Name: _____

Address: _____

_____

_____

Date of Birth: _____
(for EEO Statistics)

(a) Are you a NZ Resident? Yes ( ) No ( )
If No go to (b)

(b) Do you have NZ Residency? Yes ( ) No ( )
If No go to (c)

Former Name: _____

Phone No.: _____

Mobile No.: _____

Email Address: _____

Ethnicity: _____
(for EEO Statistics)

(c) Do you have a permit to work in NZ? Yes( ) No( )

QUALIFICATIONS

Diploma of Teaching ECE, Kindergarten Diploma, or equivalent:

Specify Qualification(s) held: _____

Where training was undertaken: _____

Date qualification or equivalence awarded: _____

REGISTRATION

Registration No.:_____ or Stage at in achieving Teacher Registration _____

FIRST AID Current First Aid Certificate: Yes ( ) No ( )

EMPLOYMENT HISTORY

Position	Employer	Mth/Yr	From - To	Hrs Wkd

TEACHING SKILLS

Please list your teaching skills and areas of interest which are particularly relevant to a teaching position at Marlborough Kindergarten Association, please provide examples which demonstrate your strengths.

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TEACHNG PHILOSOPHY

Please describe your personal teaching philosophy and provide examples of how you evidence this in daily practice:

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PREVIOUS CONVICTIONS:

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?
Yes ( ) No ( ). If "yes" please provide brief details: _____

_____

_____

REFEREES REPORTS:

Please provide the names of at least two referees we can contact with reference to your application

1. _____Phone number_____
2. _____Phone number_____

HEALTH AND PHYSICAL ABILITY:

Is there any reason why you may not be able to perform the essential functions of the position you are applying for?
Yes ( ) No ( ) If "yes" please provide brief details: _____

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6. PERSONAL INFORMATION DISCLOSURE AUTHORITY:

I, _____ hereby authorise the collection of personal information from any current or previous employer, training establishment, other agency or individual, for the purpose of determining my suitability for the centre position for which I am applying, without further reference to me.

Please specify below any agency or individual to whom you do not wish an approach to be made in relation to this Application.

_____

_____

_____

N.B. Your authority is required in accordance with the provisions of the Privacy Act 1993.

<u>Please Note</u>: That incorrect or misleading information or the omission of important information may disqualify you from appointment or, if appointed to the position, make you liable for dismissal.

I certify that to the best of my knowledge, all information provided in this application is true and correct.

Signature: _____ Date: _____