Twin Coast RTLB Cluster 3

Red Beach School

20 Albert Hall Drive, Red Beach
Auckland 0932

Telephone 09 426 8915
Email: leannef@twincoastrtlb.school.nz

Resource Teacher; Learning & Behaviour– Application

(This can be submitted in either paper or digital format)

Last name:					
First name:					
Maiden name / other name(s) known by:					
Please tick	Male		Female		
Phone number (work):					
Phone number (home):					
Phone number (mobile):					
Physical address:					
Email address:					

	Yes	No
Do you have a current New Zealand Drivers Licence? (Please tick)		
Have you ever been disqualified? (Please tick)		

(If **YES**, please give details)

Licence Number:		
If appointed to the position, and if required, do you agree to use your private (fully insured, registered, with current Warrant of Fitness and in warrantable condition) motor vehicle to enable you to carry out your duties? If **NO** please comment	**Yes**	**No**

Please **start with your present employment** then work backwards and include all your previous teaching/leadership experience.

Start Date/End date	**School**	**Position and Class Level**	**Reason for leaving**

	Yes	**No**
Do you consent to us contacting your present or previous employers for the purpose of reference checking?		
If **NO**, no approach will be made to your current employer unless you agree.		

Please provide your Referee details below:

	Referee one Current Principal or Cluster Manager	**Referee two**	**Referee three**
Name:			
Title:			
School/Company:			
Contact Details (phone **and email**):			

	Institution	**Year Awarded**
Trained Teachers Certificate		
Diploma of Teaching		
Degree Qualifications		
RTLB Qualifications		
Other Academic Qualifications		

RTLB are required to be NZ Fully Registered
Record your Registration Status here: Record your Registration Number here: Record the expiry date here:
If not currently NZ Fully Registered please explain

	Yes	No
Do you have any illness, injury, disability, condition or health problem that will or may affect your ability to carry out the position?		
If **Yes**, please give details:		

If you respond **YES** to any of the questions below, please provide the details on a separate sheet.

	Yes	No
Have you been the subject of any concerns relating to student safety?		
Do you have any matters relating to yourself currently or previously before the Education Council?		
Have you ever been convicted of an offence against the law? *(excluding minor traffic offences) A copy of the relevant court records may be requested.*		
Are you currently awaiting the hearing of any charges?		

Please note: The Board reserves the right to contact authorities to verify any claim made.

I (full name) declare that to the best of my knowledge the information provided in this application and in my curriculum vitae enclosed, is accurate and I understand that if any false or misleading information is given, or any material suppressed, I will not be employed, or 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, can result in my loss of entitlement for any compensation from ACC

Signed _____ **Dated** _____