Application Form

Position applied for	Location
Permanent Scale A Teacher	Peninsula Primary School

Surname/Family Name	First Names (in full)

Full Postal Address and Email

Contact Telephone Number	
Home:	Cell:

Registered Teacher Status	Tick	Registration No.
Fully Registered Teacher		
Provisionally Registered Teacher		
Not Registered		

Please tick (or colour fill) the appropriate boxes				
Are you a New Zealand citizen?	Yes	No		
If not, do you have resident status, or	Yes	No		
A current work permit?	Yes	No		
Have you ever had a criminal conviction? (convictions that fall under the clean slate scheme do not have to be disclosed) If "Yes" please detail:	Yes	No		
Have you ever received a police diversion for an offence?	Yes	No		
Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence or imprisonment? If "Yes" please detail:	Yes	No		
Are you awaiting sentencing/currently have charges pending? If "Yes", please state the nature of the conviction/cases pending:	Yes	No		
In addition to the other information provided are there any other factors that we should know to assess you suitablility for appointment and ability to do the job? If "Yes", please elaborate:	Yes	No		

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? If "Yes", please detail:	Yes	No	☐	☐
Do you have a current New Zealand driver's licence?	Yes	No	☐	☐

Work Experience
Please list your work experience for the last 5 years beginning with your most recent

Period Worked (from….to….)	Employers Name	Position Held	Reason for leaving

Education Qualifications

Name	Location	Highest Qualification Gained

Referees

Please provide the names and contact details of two referees below. One should be your most current or most recent employer (please indicate). If you have included written references from people other than those listed below, please note that we may contact the writers of these references.

Referee's Details

Full Name:

Position:

Relationship to the applicant:

Contact Numbers – Work:

Contact Numbers – Private:

Contact Numbers – Cell:

Referee's Details

Full Name:

Position:

Relationship to the applicant:

Contact Numbers – Work:

Contact Numbers – Private:

Contact Numbers – Cell:

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 Education Council of Aotearoa New Zealand (EDUCANZ) or any other educational organisation, including information related to my suitability for appointment to the position.	Yes	No ☐ ☐

Confirmation

1. I certify that the information given in this application is, to the best of my knowledge, correct. I understand that the claims made in my application may be checked.

2. In accordance with the Privacy Act (1993), I authorise the Board of Trustees to obtain further information from the referees disclosing such information to the Board.

3. I know no reason why I would not be suitable to work with children/young people.

4. I authorise the Board of Trustees to make inquiries in relation to my application and consent to the disclosure of information to the Board by such persons to who enquiry is made, on matters pertinent to this appointment.

Applicant's Signature:

Date: