Ara Tū Whakatā
Gilberthorpe School

Dear Applicant.

Thank you for your interest in the LSC positions at Ara Tū Whakatā - Gilberthorpe School and St Bernadette's School.

Position Advertised

- **0.6 Part-time, fixed-term LSC position**: Start Date 28/01/2027

In this pack, you will receive:

- An application for an appointment form
- A list of application **requirements**

Please email the following:

- Completed Application for Appointment Form
- Covering Letter and Curriculum Vitae to: principal@gilberthorpe.school.nz

Application Requirements

Please provide:

- A cover letter outlining your suitability for the position as advertised.
- Current Brief Curriculum Vitae
- Evidence of Current **Registration**
- A completed **Application Form**

Proposed Timeline for Appointments

- Applications Close **Friday 20th November 5:00 pm**
- Interviews Held **Wednesday, 25th November**
- Applicants Notified **Friday 27th November**
- Position commences: **28th January 2027**

Yours sincerely,
Simon Scott,
Principal.

Ara Tū Whakatā
Gilberthorpe School

Application for Appointment

Learning Support Co-ordinator 0.6 Fixed Term
(Across 2 Schools 0.4 at Gilberthorpe, 0.2 at St Bernadette's)

Surname	Given Names

Are you known by any other name(s)? (If yes please provide this below) Yes ☐ No ☐

Residential Address

Contact Phone Number

Email Address

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

Convictions Against The Law

Have you ever been convicted of any offence against the law (apart from minor traffic offences) or do you know of any other reason why you should not be employed to work in a school environment?

YES / NO

If you have answered YES, please provide details of the offence along with any other comments we may need to know. ***Please note that you may be asked to provide a copy of the relevant court record obtainable from the Registrar of the Court concerned. Failure to provide true details will make you liable to dismissal from the employment of the Board should you be a successful applicant.***

Wellbeing – Hauora

Do you have any health condition or disability that may affect:

1. Your ability to undertake the requirements of the position for which you are applying **YES / NO**

Or

2. Any medical condition caused by a gradual process, disease or infection that may be aggravated, or further contributed to, by the task or the position for which you are applying? **YES / NO**

If yes please give details:

Referees

Please provide the names of two people who could act as referees for you. At least one of these should be able to attest to your most recent work performance (please indicate in the table below).

Name:	
Phone Number:	
Relationship:	
Organisation:	

Name:	
Phone Number:	
Relationship:	
Organisation:	

Confirmation

- I declare that, to the best of my knowledge and belief, the information given in this application is true and correct. I understand that statements made may be verified by the Board or its agents, and I allow them to make enquiries as required, including contact with the New Zealand Teachers' Council for Police Vetting purposes.

- I declare that the information supplied by me is given voluntarily and is true, accurate and complete. I also understand that my employment may be terminated if, after investigation, my employer discovers that any information which I have provided is false or misleading.

I understand that all information provided about me to you, including my application form, CV, references, and any assessments, will be held by the Gilberthorpe School Board of Trustees to be used for the purpose of evaluating my qualifications, experience and suitability for employment (position) at Gilberthorpe School.
I understand that I am entitled to have access to relevant information retained by the Gilberthorpe School Board of Trustees (except for any exemption provided under the Privacy Act 1993 such as evaluative material) and to request correction of the information and/or request that there be attached to the information a statement relating to the fact that I have requested a correction.

I agree to the Board of Trustees approaching my referees, and any additional contacts at the discretion of the Gilberthorpe School BOT, for a written or verbal statement of my abilities in relation to this Application.

This application is submitted on the understanding that any information given is for the use of the employer and their authorised representatives who may at any time have access to this information.

Furthermore, consent is given for members of the Appointment Panel to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for a teaching role.

This application is covered by all other relevant requirements of the Privacy Act 2003.

I further understand that any appointment is provisional, subject to Police Vetting and Identity Confirmation as per the requirements of the Vulnerable Children's Act 2014.

SIGNED: _____ **DATE:**_____