Paraparaumu Beach School

APPLICATION FOR APPOINTMENT

Thank you for applying for this position at Paraparaumu Beach School. The person applying for this position should complete this form personally and in full.

1. Please sign and date where indicated.
2. Failure to complete this form fully and truthfully may result in any offer of employment being withdrawn or an appointment being terminated, if any information is found to be false or misleading.
3. Successful applicants will be asked to give consent to a police vet, as this is a requirement in the education sector

PERSONAL DETAILS:

Position applied for:	
Title: (optional)	*e.g. Miss, Ms, Mrs, Mr, Mx,*
Surname/Family name:	
First names (in full):	
Preferred name:	
Full postal address:	
Email address:	
Contact phone numbers:	

PROOF OF IDENTITY:

Shortlisted applicants being interviewed will need to provide originals of two types of identification (at least one must contain photo ID).

Any other names you are known by:	*e.g. Maiden name or other christian names*
Date of Birth:	
Country of Citizenship:	

If you are not a New Zealand citizen, please identify your resident or visa status in NZ.	

CERTIFICATED TEACHER STATUS:

I am currently registered to teach in New Zealand:	*Yes or No*
Please state your certification status:	*e.g. Certificated teacher, Provisionally registered, Subject to Confirmation*
Registration no.	
Expiry date:	

INFORMATION REGARDING CONVICTIONS:

Have you ever received a police diversion for an offence? If YES please give details.	
Have you ever been convicted of a driving offence which has resulted in temporary or permanent loss of licence or imprisonment? If YES please give details.	
Are you awaiting sentence or have charges pending? If YES please give details.	
In addition to other information provided, are there any other factors that we should know about when assessing your suitability for this appointment? If YES please give details.	
Have you ever been the subject of any concerns involving student safety? If YES please give details.	

MEDICAL INFORMATION:

Do you have any health or medical conditions which may impact on aspects of this position? If YES please give details.	
Have any of the above injuries or other existing medical conditions ever impacted on student safety? If YES please give details.	

EDUCATIONAL QUALIFICATIONS:

Please ensure your CV gives details of your Educational Qualifications relevant to this position; Including name of qualification, place of study, and years of study. Copies of qualifications should be in your CV. If successful in your application, originals will need to be sighted.

EMPLOYMENT HISTORY:

Please ensure your CV gives details of your Employment History relevant to this position; Including name of employer/workplace, position held, and time of employment.

REFEREES:

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your most recent work performance. If you have included written references from people other than those listed below, please note that we may contact the writers of these references as well.

Name	Contact details (organisation & address)	Phone	Relationship to you

AUTHORITY TO APPROACH OTHER REFEREES:

I authorise the Board of Paraparaumu Beach school, or a nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to this position.	Please write Yes or No
I authorise the Board of Paraparaumu Beach school, or a nominated representative, to access any information held by the Teaching Council to gather information related to my suitability for appointment to this position.	Please write Yes or No

By signing below I certify that:

- The information I have supplied in this application and in my CV is true and correct. I understand that the claims made in my application may be checked.
- I know of no reason why I would not be suitable to work with children/young people
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable for dismissal.

Name:

Signature:

Date:

Please return this form with your CV and covering letter to: Office Manager at mbarfoote@pbs.school.nz

Jess Ward
Principal