Exceptional Learners
Whakaharahara ākonga
Exceptional Place
Whakaharahara wāhi

FAIRFIELD INTERMEDIATE SCHOOL

A: 261 Clarkin Road, Hamilton 3214 **PO Box** 12026, Chartwell Square, Hamilton 3248, New Zealand
T: 07 855 9718 **F:** 07 855 8347 **E:** mail@fairfieldintermediate.school.nz **W:** www.fairfieldintermediate.school.nz

APPLICATION FORM
TEACHING POSITION (Fixed Term, full time)

(***Please use this form to complete your application***)

Email your completed application form, covering letter and CV to:

Miss Angela Walters (Principal)

Principal@fairfieldintermediate.school.nz

1. Personal Details

Full name	
Preferred Title	
Address	
Telephone (Home)	
Telephone (Work)	
Telephone (Mobile)	
Email	
Teacher Registration Number:	

Teaching Qualifications	**Institution**	**Year Awarded**
Diploma of Teaching		
Higher Diploma of Teaching		
Bachelor Degree of Teaching		
Honors Degree		
Masters Degree		
Post Graduate Educational Leadership		
Master of Educational Leadership		
Other Academic Qualifications		
MoE Number:		

2. Summary of positions held over the past 10 years

School	Position held	Reason for leaving	Period employed

3. Referees

Please provide the names of three people who could act as referees for you. Please ensure your selected referees are able to attest to your professional competencies.

Referee 1	
Full name	
Address	
Telephone (Home)	
Telephone (Work)	
Telephone (Mobile)	
Email	
Relationship to applicant	
Years known to applicant	

Referee 2	
Full name	
Address	
Telephone (Home)	
Telephone (Work)	
Telephone (Mobile)	
Email	
Relationship to applicant	
Years known to applicant	

Referee 3	
Full name	
Address	
Telephone (Home)	
Telephone (Work)	
Telephone (Mobile)	
Email	
Relationship to applicant	
Years known to applicant	

5. General

1) Have you ever been convicted of an offence against the law?	**YES / NO** (Please circle)
If 'YES', please supply relevant details:	
2) I give permission for the Fairfield Intermediate School Board of Trustees to check my record with the New Zealand Police.	(Please sign here to confirm)
3) To the best of my knowledge the statements in my *Application* and *Curriculum Vitae* are true and accurate. I give permission for these claims to be verified. I understand that the conditions of my employment may be jeopardized if the claims are found to be false.	(Please sign here to confirm)
4) I give permission for the Fairfield Intermediate School Board of Trustees to gather information from any person or organisation that the Board deems necessary in relation to the professional standards for Deputy and Assistant Principals, Person Specification and content of my Application.	(Please sign here to confirm)

6. Do you wish the Board of Trustees to consider any other information?

Please use the following space to provide any additional information that you wish the Fairfield Intermediate School Board to consider when reflecting on your application.

7. Signature and Date

_____ _____

(Signature) (Date)

Office use only:

Date Application received: