Aotea College
Okowai Road, Porirua
P O Box 50 046, Porirua City 5240
Phone: 64 4 237 3166
Principal: Jason White, B.Ed., MSSL

Teaching Staff
Application for employment

Position applying for: _____

Section 1 Personal Information

First Name(s) _____

Family Name: _____

Preferred Name _____ Mr / Mrs / Miss / Ms / Other _____
(*please circle preferred title)*

Residential address: _____

_____

_____ Postcode: _____

Email: _____

Phone no.: _____ Mobile no.: _____

Date of Birth: ____/____/_____ Marital status: _____
(*optional*) (*optional*)

Are you a New Zealand citizen? Yes ☐ No ☐

If "no" to the above question, do you have the legal right to work in New Zealand, either through permanent residence or a valid work permit? (Evidence required)

Evidence enclosed:

Proof of Permanent Residence Yes ☐ No ☐ N/A ☐

Valid work permit Yes ☐ No ☐ N/A ☐

Proof of Immigration Yes ☐ No ☐ N/A ☐

Passport Number _____

Section 2 Education and Qualifications

Teacher Registration Status

Registration number: _____ Expiry date: _____

☐ Provisional ☐ Full ☐ PRT 1 ☐ PRT 2 ☐ Pending
(please tick appropriate box)

Ministry of Education number: _____

Degrees, Diplomas, Certificates (list from highest formal qualification attained). Include teacher training qualification.

Qualification	**Education Provider**	**Year attained**

For teaching purposes you will be required (on offer of an appointment) to provide originals of your highest qualification, teaching training qualification and evidence of teacher registration of copies verified by a notary public.

Other qualification, experience or professional development relevant to the current application.

_____

_____

_____

For teaching positions which subjects are you prepared/qualified to teach, to which levels of schooling?

Subjects	levels of Schooling

Itemize papers passed in your degree/s relevant to teaching

_____

_____

_____

Section 3 Employment History

Have you previously been employed by a secondary school or other educational provider.

Yes ☐ No ☐

List previous employers and dates of employment:

Employer	Date employed from	to

Section 4 Referees

Please give details of three referees who you authorise us to contact. Two referees should be work related and the third may be personal. **Note an email address is required for each referee.

Name	Contact Details (organization & email address)	Phone: (landline and mobile)	Relationship (e.g. employer/principal?)

Do you give your consent for any relevant information relating to this position to be obtained from named referees or current employers? Yes ☐ No ☐

Do you give your consent for us to contact any other persons in regard to your application?

Yes ☐ No ☐

Section 5 Safety

Have you ever had a criminal conviction Yes ☐ No ☐

Details:

If yes, did this conviction result in imprisonment? Yes ☐ No ☐

Have you ever received a police diversion for an offence? Yes ☐ No ☐

Details:

Have you been convicted of a driving offence which resulted in temporary or permanent loss of license, or imprisonment? Yes ☐ No ☐

Details:

Are you awaiting sentencing/currently have charges pending? Yes ☐ No ☐

Details:

Have you been the subject of any concerns involving student safety? Yes ☐ No ☐

Details:

In addition to the other information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job? Yes ☐ No ☐

Section 6 Health

Please answer all questions

1) Do you have any chronic medical condition that the College needs to know about (e.g diabetes, hearing impairment, heart condition, allergies)? Yes ☐ No ☐

If “yes”, please provide details of the condition and current treatment/medication.

2) Have you ever suffered from any overuse injuries e.g RSI, OOS (includes tendonitis, carpel tunnel, tennis elbow) back injuries or back strain? Yes ☐ No ☐

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3) Are there any health or safety provisions we need to make on your behalf to be a good employer?

Section 7 Privacy Act 2020

Collecting and holding personal information
The information you provide in this application will be held by Aotea College.

Purpose
The information is for the purpose of assessing your suitability for employment and the school's obligations to fulfil legislative requirements such as EEO and ACC. If your application is successful, it will be retained in your personnel file. If unsuccessful it will be destroyed within one month of appointment of the successful applicant.

Access to this information
You have a right of access to personal information held about you.

Section 8 Important notes for applicants and declaration

Two certified copies of ID are enclosed with this application. Yes ☐ No ☐

Please send the completed application form, a covering letter and your curriculum vitae (CV) containing any additional information to Debbie Allan, Principal's P.A. at aln@aotea.school.nz. If you include written references, please note that we may contact the writers of the references.

I understand that if any false information is given, or any material fact suppressed, I may not be appointed, or if I am employed, I may be dismissed. I also understand that any false information given in Section 6, Health, may result in my loss of entitlement for any compensation from ACC (or, as applicable, under the Accident Insurance Act).

Further, I understand that Police Check is required under the Vulnerable Children's Act and Aotea College safety checking procedures to be completed prior to my appointment. I agree to complete the required form for Police check.

I,_____ (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct.

Signature: _____ Date: _____