Application form

Permanent Kaiako

Applicants must complete this form and provide all other relevant information.

Applicants MUST email their application and support documentation by the closing date. Email applications to: hr@napierkindergartens.co.nz

PLEASE NOTE: Only teachers who have a recognised teaching qualification, and current full or provisional teacher certification, approved by the Teaching Council of New Zealand are eligible for appointment to positions with the Napier Kindergarten Association.

1 Applicant

Role Applying For (as per NKA website)	
Full Name	
Former Name:	
D.O.B:	
Address:	Post code:
Phone:	Mobile:
Email:	
Current First Aid Certificate? (provide copy) Yes ☐ No ☐	
Please provide a copy of the following identifications: NZ Drivers Licence ☐ Passport ☐	
Category:	
NZTC Reg No:	
Expiry Date:	
Are you a permanent NZ Resident? Yes ☐ No ☐ (If YES, please proceed to next section)	
If No, do you hold a valid work permit? Yes ☐ No ☐ Yes – please provide a certified copy of your work permit. No – you are ineligible to apply for this position.	

2 Education Qualification

Training provided by:
Qualification:
Date New Zealand ECE/Primary qualification or equivalency awarded:

NB: If granted equivalency by the NZ Qualifications Authority, a copy of equivalency certificate must be enclosed.

3 Employment history

Last 5 years. Start with your most recent position.
Continue on a separate sheet if required.

Position 1

Name of employer:		
Address:		
Length of service	From:	To:
Position held (include FFT up to):		
Reason for leaving:		

Position 2

Name of employer:		
Address:		
Length of service	From:	To:
Position held (include FFT up to):		
Reason for leaving:		

Position 3

Name of employer:		
Address:		
Length of service	From:	To:
Position held (include FFT up to):		
Reason for leaving:		

Please explain any gaps in the past 5 years of employment

4 Overall Suitability for the Position

In relation to your personal qualities and the extent to which you believe you would work well with the staff and the kindergarten/community concerned. (Continue on separate sheet if necessary)

5 Additional Information

Do you have any additional information that you would consider might be relevant to your application that has not been provided elsewhere on this form?

6 Notice Period

How much notice are you required to give?:

7 Previous Convictions

Have you ever been convicted of any offence against the law [apart from minor traffic convictions]? Yes ☐ No ☐

If 'yes' please provide brief details of any/all convictions:

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes ☐ No ☐

If 'yes' please provide brief details:

Have you been the subject of diversion ordered by the courts? Yes ☐ No ☐

If 'yes' please provide brief details:

I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

8 Teaching Council of Aotearoa

Do you have any investigations pending, or in process with, the Teaching Council of Aotearoa? Yes ☐ No ☐

If 'yes' please provide brief details:

Have you had a mandatory report filed with the Teaching Council of Aotearoa in the last 3 years? Yes ☐ No ☐

If 'yes' please provide brief details:

9 Medical (All questions must be completed)

Have you in the past, or do you have, any injury or medical condition caused by gradual process, disease or infection (for example hearing loss, sensitivity to chemicals, repetitive strain injuries etc), that may be aggravated or further contributed to by the tasks of this job? Yes ☐ No ☐

If yes, please provide details:

Do you suffer from any injury, ailment, other disability, or medical or health condition which may adversely affect your regular attendance at work or ability to effectively carry out the functions and tasks of the position applied for? Yes ☐ No ☐

If yes, please provide details:

Are you on prescribed medication that we need to be aware of? Yes ☐ No ☐

If yes, please provide details:

10 Referees

Please give details of work-related referees that you authorise us to contact, ideally the person that you reported to.

Referee 1

Name:
Company:
Contact:
Position/Relationship to you (e.g. Manager):
Phone Number:

Referee 2

Name:
Company:
Contact:
Position/Relationship to you (e.g. Manager):
Phone Number:

Please advise of any conflicts of interest with referees provided (e.g. related to you/family friend etc.):

Declaration

I, ... (full name), in accordance with the Privacy Act 1993, hereby authorise the collection of information from any current or previous employer, training establishment, other agency or individual, for the purposes of determining my suitability for the position for which I am applying.

I declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may face disciplinary action including dismissal. Any offer of employment is made subject to satisfactory Police Vet results/Teachers Council registration. Should you have already commenced employment with the company prior to receiving results, and this check reveals information regarding criminal convictions/diversions or Teachers Council investigation/results which you have not declared or provided sufficient information in this application, you may face disciplinary action including dismissal. I also understand that any false information given in Section 9, the medical portion of this form, may result in my loss of entitlement for any compensation from ACC.

Signature: _____

Date: _____

Please specify below any agency or individual to whom you do not wish to be approached in relation to this application:

Applicants MUST email their application and supporting documentation to: hr@napierkindergartens.co.nz