WELLINGTON EAST GIRLS' COLLEGE
Te Kura Kōhine o te Rāwhiti o Te Upoko o Te Ika

# APPLICATION FOR APPOINTMENT

Applications to: The Principal
Wellington East Girls' College
Austin Street, Wellington 6011
Email: vacancies@wegc.school.nz

Please complete all sections of this form, then sign and date it. Attach your curriculum vitae and a letter of application to complete your application. It should provide evidence of the knowledge, skills and abilities you have for the position in terms of the job description and advertisement.

Position Applied For: Closing Date:

## Personal Details

Surname: Title:

First Names:

Previous Surname (if used in teaching): Date of Birth:

Full Postal Address:

Contact: Telephone (work) (home) (mobile)

Email:

## Employment History

This section must be completed. Summarise please – date order.

| Employer | Position Held | Permanent | Part-time | Relieving | Period Worked | Reason for Leaving |
|---|---|---|---|---|---|---|
| | | ☐ | ☐ | ☐ | | |
| | | ☐ | ☐ | ☐ | | |
| | | ☐ | ☐ | ☐ | | |
| | | ☐ | ☐ | ☐ | | |
| | | ☐ | ☐ | ☐ | | |

## Citizenship and Right to Work

| | | Yes | No |
|---|---|---|---|
| Are you a New Zealand citizen? | | ☐ | ☐ |
| If not, do you have: | permanent resident status? | ◯ | |
| | a current work permit? | ◯ | |

## Educational Qualifications

Copies only of qualification certificates should be attached. If successful in your application you will be required to provide originals as proof of qualifications.

Please state your last secondary level qualification and year:

Please state your tertiary level qualification/s:

Please state any other qualifications that relate to the position:

## Registration Status

Applicable for teaching positions - Please attach a copy of registration form.

| | Yes | No | |
|---|---|---|---|
| Registered | ☐ | ☐ | Certificate No:<br>Valid to: |
| Limited authority to teach | ☐ | ☐ | Certificate No<br>Valid to: |
| Application Lodged with Teachers Council | ☐ | ☐ | |

Non-teaching positions - Short listed applicants will be asked to give consent to a police vet.

## Referees

Please provide the names of three people who could act as referees for you. Please note that we may contact these referees.

| Name | Address and Email | Telephone | Relationship (eg employer/principal) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## Medical

Have you had an injury or medical condition caused by gradual process, disease or infection – for example, hearing loss, occupational overuse syndrome – which the tasks of this job may aggravate or contribute to?

Yes ☐ No ☐

If YES, what are the details of the injury/medical condition? How is your performance likely to be affected?

## Criminal Convictions

Have you been convicted of any offence or do you have any criminal charges pending? Yes ☐ No. ☐

If YES, please provide full details

## Declaration

I certify the information provided is correct and no relevant material/information has been omitted.

Signed Date