CLASSROOM TEACHER APPLICATION FORM

Please post or email to:

Classroom Teacher Application
Whanganui Intermediate School
90 Dublin Street
WHANGANUI 4500
principal@wi.school.nz

Position applied for: **Classroom Teacher (Fixed Term)**

PERSONAL DETAILS				
Surname				
Given names				
Preferred name				
Address				
Contact details	HOME		WORK	
	MOBILE		EMAIL	

Certificated Teacher Status	✓	Registration No.	Expiry date
Certificated teacher			
Provisionally certificated			
Not certificated			

Present Teaching Position	
School	
Date appointed	
Type of appointment	

Can we contact your principal about this position? **YES** **NO**

Educational Qualifications	Type of qualification	Date received	Received from

Details of Training and Service

Please include details of your work history for the last 5 years.

SCHOOL	POSITION	DATES	CLASS LEVEL

Please indicate any breaks in service and give reasons, e.g. overseas travel:

DATES	REASON FOR BREAK

Total certificated service

A In permanent positions ..... years ..... months

B In relieving positions ..... years ..... months

Professional Development

Please provide a summary of recent professional learning and development.

CONFIRMATION

1	I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked. 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 dismissed.	**YES**	**NO**

2	I am currently registered to teach in New Zealand.	**YES**	**NO**

3	In accordance with the Privacy Act, I authorise the board of trustees to: • Obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the board • Obtain information in relation to my application from persons not listed as referees, and I consent to these persons disclosing pertinent information to the board. • Contact the Teaching Council.	**YES**	**NO**

4	**STUDENT SAFETY** **[*Cross out the statement that doesn't apply to you*]** • I have never been the subject of a complaint about the safety of a student. • I have been the subject of a complaint about the safety of a student. *Please give dates and details:*

5	**OFFENCES AGAINST THE LAW** **[*Cross out the statements that don't apply to you*]** • I have never been convicted of an offence against the law (excluding minor traffic convictions). • I have no pending charges of an offence against the law. • I have been convicted of an offence against the law. *Please give dates and details:* • I have pending charges of an offence against the law. *Please give dates and details:*

6	I know of no reason why I would not be suitable to work with children or young people.	**TRUE**	**FALSE**

Applicant's signature *Date*

REFEREES

Please provide the names and contact details of three referees below. Referees' reports are confidential to the board. Referees will only be contacted for candidates who are short-listed.

REFEREE'S DETAILS				
Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	

REFEREE'S DETAILS				
Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	

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Full name				
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