Educational Psychologist/ Social Worker Application Form

To: Appointments Team: admin@terauhoropito.school.nz

Position applied for: Educational Psychologist/ Social Worker, commencing Term 1, 2027.
Please complete this form and send with your CV, cover letter and eTell video by **4pm, 9th December, 2026**

PERSONAL DETAILS

Name (in full): _____

Have you ever been known by any other name? If yes, provide below.

_____

Address: _____ Mobile Phone: _____

_____ Work Phone: _____

Email: _____

Citizenship: _____ Teacher registration no: _____

PRESENT EMPLOYER

(Please provide the name of your current principal if you are employed in a school)

Employer's name:
_____

Place of work: _____ Mobile Phone: _____

Email:_____

Position held: _____ Date commenced:_____

REFEREES Please provide the names and contact details of three professional referees who can comment on your work performance, skills, and reliability. At least one must be a current or recent direct manager/supervisor.				
Referee Name	**Organisation**	**Relationship to Applicant**	**Phone Number**	**Email Address**

EDUCATIONAL QUALIFICATIONS			
Institution Attended	**Year**	**Qualifications Attained**	**Date Awarded**
Secondary school			
Polytechnic			
University			
Other			

EMPLOYMENT HISTORY Please list your work experience in your last three positions, beginning with your most recent position held. If you were self-employed, please give details. If you have had more than five positions in the last five years, please list them all. Attach additional sheets if necessary.			
Period worked **Please specify the length of service**	**Position**	**Employer**	**Reason for Leaving**

OTHER INFORMATION

Proof of identity and right to work check.
Shortlisted applicants being interviewed will need to provide originals of two types of identification (one photo ID e.g. passport, NZ Driver's licence and the other a record ID e.g. birth certificate, bank statement, a bill)

Immigrant Information:

Are you a New Zealand citizen? - please circle Yes No

If not do you have resident status or Yes No

A current work permit? Yes No

Have you had any injury or medical condition which the tasks of this job may aggravate or contribute to, or know of any reason why you may have difficulty carrying out the job description attached?
Please circle that which applies.

Yes No

If you have circled yes, please give details below:

Do you have any matters relating to yourself currently or previously before the Teaching Council of Aotearoa New Zealand? Yes No

Do you have a current New Zealand Driver's Licence? Yes No

Do you give permission for your police record to be checked? Yes No

Have you changed your name by Deed Poll / Statutory Declaration? Yes No

Other names known by: _____

PRIVACY ACT 2000 (To be signed by the Applicant)

This Application is submitted with the understanding that any further information given is for the use of the employer and their authorised representatives who may at any time have access to this information.

Furthermore, consent is given for members of the Te Rau Horopito Appointments Committee to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for the position of Educational Psychologist/ Social Worker at this school.

Signature _____ Date _____

DECLARATION

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE AGAINST THE LAW? (Apart from minor traffic offences), received police diversion for an offence, have charges pending or know of any reason why you should not be employed to work in a school environment?

Yes No (Please circle as appropriate)

If YES, please provide date and details of offence(s) on a separate sheet. Please note that you may be asked to provide a copy of the relevant court records available from the registrar of the court concerned.

I certify that I am registered (or provisionally registered) as a New Zealand teacher. I solemnly and sincerely declare that to the best of my knowledge and belief the information given in this application and in my C.V. is correct.

Signature _____ Date_____

I certify that:

- The information I have supplied in this application is true and correct
- I confirm that in terms of the Privacy Act 1993 that I have authorised access to referees
- I know of no reason why I would not be suitable to work with children
- 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 liable to be dismissed

Signature _____ Date_____

Equal Employment Opportunities

As part of our Equal Employment Opportunities Policy we are required to have a database showing information regarding employment vacancies at the school, as per the form below. Completion of this form is voluntary, but we would appreciate its completion because the more information we receive back, the more detailed analysis we are able to make of staffing trends and the effectiveness of our recruitment processes.

Once completed, the attached form may be returned with your application. Any reports issued from this database will be non-identifiable.

If you have any queries relating to this matter, please feel free to contact Jo Grant - Tumuaki/ Principal.

Equal Employment Opportunities Form

Specialist Teacher (Educational Psychologist/ Social Worker), commencing Term 1, 2027
I identify my gender as:
I identify my ethnicity as:

Educational Psychologist/ Social Worker appointment - Proposed Timeline

We have set the following timeline for the appointments. Every effort will be made to keep to the following proposed schedule in determining the successful applicants.

Process	Dates 2026/27
Position advertised	18th November
Applications close 5pm	9th December
Shortlisting	9th December
Interviews	16th December
Positions begin Term One, 2027	27th January (or otherwise negotiated)

Confirmation

I certify that the information given in this application is to the best of my knowledge true and correct. I understand that all claims made in this 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.

Name: Date:

Signature: