Application Form
Registered Kaiako

- Applicants must complete this form and provide all other relevant information.
- **Applicants MUST email their application and supporting documentation by the closing date. Email applications to: careers@hfka.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 Free Kindergarten Service.

POSITION APPLIED FOR: Full Time / Part Time / Fixed Term:

_____

NAME OF KINDERGARTEN:

_____

1. APPLICANT

Full Name: _____

Former Name: _____ D.O.B: _____

Address: _____

Post Code: _____ Ph: _____ Mobile: _____

Email: _____

NZTC Reg No: _____ Expiry Date: / / Category: _____

Current First Aid Certificate: ☐ Yes ☐ No (provide copy)

Please provide a copy of the following identifications: ☐ NZ Drivers licence ☐ Passport

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 – 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 *(Start with the most recent position – continue on separate sheet if required.)*

Name of Employer	Address	Length of Service From | To	Position Held	Nature of work	Reason for leaving

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. 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: When can you be available to start work?

_____

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?

If yes, please provide details: ☐ Yes ☐ No

_____

_____

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?

If yes, please provide details: ☐ Yes ☐ No

_____

_____

Are you on prescribed medication that we need to be aware of?

If yes, please provide details: ☐ Yes ☐ No

_____

_____

Have you had any ACC claims?

If yes, please provide details: ☐ Yes ☐ No

_____

_____

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

Name	Company	Contact Phone Number	Position/Relationship to you ie Manager

_____ _____ _____ _____

_____ _____ _____ _____

Please advise of any conflicts of interest with referees provided ie 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 purposed of determining by 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:

_____

_____

_____

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