SENCo POSITION APPLICATION FORM

Please post or email to:

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

Position applied for: SENCo – 0.6 + teaching 0.2-0.4 (Delete to indicate your preference)

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	

REFEREE'S DETAILS				
Full name				
Position				
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