APPLICATION FORM

2027 Scale A Teacher

PERSONAL DETAILS

FULL NAME:	
ANY PREVIOUS NAMES:	
POSTAL ADDRESS:	
PREFERRED PHONE CONTACT:	
EMAIL CONTACT: **NZ TEACHING COUNCIL REGISTRATION NUMBER:** **NATIONALITY/CITIZENSHIP:**	

RESIDENCY/WORK VISA STATUS (If not a NZ Citizen):

DRIVER LICENCE: Do you hold a current, full, valid NZ driver licence? Yes/No

REFEREES

Please provide details of at least 2 referees. A recent employer is preferred.

NAME	CONTACT DETAILS (Phone and Email)	RELATIONSHIP TO YOU

Do you consent to Flemington School contacting the above named referees for the purpose of reference checking?		Yes/No

Do you consent to the school contacting your present or past employers for the purpose of reference checking? Yes/No

CRIMINAL CONVICTIONS

Have you ever had a criminal conviction (other than a minor traffic offence) or know of any reason why you should not be employed in a school environment?	Yes/No
If 'Yes' please detail:	
Are you currently awaiting the hearing of any charges?	Yes/No

MEDICAL HEALTH

Please describe any injury or illness you have had that may affect your ability to effectively carry out the duties and responsibilities of the Deputy Principal position:

POLICE VETTING

- This position is subject to satisfactory Police Vetting in accordance with the Children's Act 2014. Appointment will not be confirmed until clearance is received.
- Successful applicants will also be required to provide proof of identity and right to work in New Zealand.

DECLARATION

- I certify that the information provided as part of this application is to the best of my knowledge true and correct. I understand that if any false or misleading information is given, or any material of fact is suppressed or deliberately omitted, I will not be employed, or if I am employed, my employment will be terminated.
- I also confirm in terms of the Privacy Act that I have authorised access to referees. I also consent to the Principal and Board of Trustees to seek verbal or written information about me on a confidential basis from representatives of my previous employers. I authorise the information sought to be shared with the appointments committee for the purpose of ascertaining my suitability for the position for which I am applying. I understand that the information received by the school is supplied in confidence as evaluative material and will not be disclosed to me.
- I authorise the Principal and Board of Trustees of Flemington School to make reasonable inquiries concerning my background to assist in assessing my suitability for the position of Deputy Principal for which I am applying.

Full Name: _____ **Signature:** _____ **Date:** _____