Gleniti School
Application for Appointment

POSITION APPLIED FOR:

Personal Details:	
Name:	Home Phone:
Address:	Mobile Phone:
	Email:
Teaching Registration Number:	Teaching Registration Expiry Date:
Present Employer:	
Name of present employer:	
Position held:	Date commenced:
Address:	Work phone:
	Other phone:
Referees (Note: At least one of these should be able to attest to your most recent work performance)	
Name:	Work phone:
Address:	Mobile phone:
	Email:
Capacity you have known the person:	
Name:	Work phone:
Address:	Mobile phone:
	Email:
Capacity you have known the person:	
Name:	Work phone:
Address:	Mobile phone:
	Email:
Capacity you have known the person:	

TERTIARY EDUCATION QUALIFICATIONS			
Institution attended	Year	Qualifications obtained	Date awarded

TEACHING SERVICE (IF APPLICABLE)			
Position	School / Institution	Date from	Date to

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 or New Zealand Drivers Licence and the other a record ID e.g. birth certificate, bank statement, or bill)

OTHER INFORMATION	
Immigration information: Are you a New Zealand citizen? If not, do you have resident status, or A current work permit	 Yes / No Yes / No Yes / No
Have you ever received a police diversion for an offence? If "Yes" please detail:	Yes / No
Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? If "Yes" please detail:	Yes / No
Are you awaiting sentencing or have charges pending? If "Yes" please state the nature of the conviction / case pending:	Yes / No
Have you ever been the subject of concerns involving student safety? If "Yes" please detail:	Yes / No
In addition to other information provided, are there any other factors that we should know about to assess your suitability for appointment and your ability to do the job? If "Yes" please elaborate:	Yes / No
Have you ever had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this position may aggravate or contribute to? If "Yes" please detail:	Yes / No

AUTHORITY TO APPROACH OTHER REFEREES	
I authorise the Gleniti School Board of Trustees, or nominated representatives, to approach persons in addition to the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes / No
I authorise the Gleniti School Board of Trustees, or nominated representatives, permission to access any information held by the education Council of Aotearoa New Zealand (EDUCANZ), past or present employers, colleagues or equivalent overseas professional bodies or any other person who may be able to assist the Board in determining my suitability for the position and consent to those people to provide such information.	Yes / No

I certify that:

- The information I have supplied in this application is true and correct and can be verified
- I confirm in terms of the Privacy Act 1996 that I have authorised access to referees
- I know of no reason why I would not be suitable to work with children / young people
- 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:_____