**Application for appointment**

Important notes for applicants

Thank you for applying for a position with our school.

1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of the references.
3. Copies of qualification certificates are not required. If successful in your application you will be required to provide originals as proof of qualifications.
4. Failure to complete this application and answer all questions truthfully many result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
5. All applicants will be asked to give consent to a police vet. It is a requirement in the Education Sector for all employees to be vetted. For teaching positions this requirement is covered in the registration process.

This application form and supporting documents will be held by the school. You may access it in accordance with the provisions of the Privacy Act 1993. If you have any queries, please contact the person cited in the advertisement.

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| --- | --- | --- |
| Position applied for: | | |
|  | | |
| Tick one: | | |
| Mr ⃝ Mrs ⃝ Ms ⃝ Miss ⃝ Other preferred title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Surname/Family name: First names (in full): | | |
|  | | |
| Are you known by any other name(s)? (If yes, please provide below.) Yes ⃝ No ⃝ | | |
|  | | |
| Maiden name (if applicable). | | |
|  | | |
| Full postal address: | | |
|  | | |
|  | | |
| Email address: | | |
|  | | |
| Contact telephone numbers: | | |
| Private: | Mobile: | Business: |
| Teacher registration: | | |
| Number: | Status: | Expiry: |

|  |  |
| --- | --- |
| Please tick as appropriate: | |
| Proof of identity and right to work check.  Shortlisted candidates being interviewed will need to provide two types of identification (one photo ID, eg passport, New Zealand driver licence and the other a record ID, eg, birth certificate, bank statement, a bill). | |
| 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/currently have charges pending?  If “Yes” please state the nature of the conviction/cases pending: | Yes ⃝ No ⃝ |
| In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job?  If “Yes” please elaborate: | Yes ⃝ No ⃝ |
| Have you ever been the subject of any concerns involving student safety? | Yes ⃝ No ⃝ |
| Have you 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 job may aggravate or contribute to?  If “Yes”, please detail: | Yes ⃝ No ⃝ |
| Do you have a current NZ driver licence? | Yes ⃝ No ⃝ |

**Educational qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Location** | **Number of years completed** | **Highest qualification gained** |
| Secondary school |  |  |  |  |
| Private training establishment |  |  |  |  |
| Polytechnic |  |  |  |  |
| University |  |  |  |  |
| Other |  |  |  |  |

**Employment history**

Please list your work experience in your last five positions beginning with your most recent position held. If you were self-employed give details. If you have had more than five positions in the last five years please list them - attach additional sheets if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **PERIOD WORKED**  (please specify the length of service) | **EMPLOYER’S NAME** | **POSITION HELD** | **REASON FOR LEAVING** |
|  |  |  |  |
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**REFEREES**

Please provide the names of three people who could act as referees for you. At least one of these people should be able to attest to your most recent work performance. *If you have included written references from people other than those recorded below, please note that we may contact the writers of these references*.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **CONTACT DETAILS**  **(ORGANISATION AND ADDRESS)** | **PHONE** (LANDLINE PREFERRED) | **RELATIONSHIP** (eg  EMPLOYER/PRINCIPAL) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Authority to approach other referees**

I authorise the Board, or nominated representative, to approach persons or the

Teachers Council, other than the referees whose names I have supplied, Yes No to gather information related to my suitability for appointment to the position.

I authorise the Board, or nominated representative, permission to access any

information held by the Teachers Council, including matters under investigation, Yes No to gather information related to my suitability for appointment to the position.

Signature: Date: