



**APPLICATION FORM FOR FIXED TERM TEACHING POSITION
(Non-Tagged)**

PERSONAL DETAILS

Name in full:

Preferred name:

Email:

Phone Number:

Address:

NZ Citizen? Yes ☐ / No ☐ If not, do you have a NZ Work Permit: Yes ☐ / No ☐

Criminal Conviction: Yes ☐ / No ☐

Discharge without Conviction: Yes ☐ / No ☐

Details:

Are there any health related conditions which could impact on your ability to perform the position applied for:

Details of the health related conditions, including what, if any, reasonable steps can be taken to accommodate these conditions:

EMPLOYMENT HISTORY

Teacher Registration Number:

Teacher Registration Expiry Date:

Current and Previous Teaching Positions (preferably for up to the previous five years):

From	To	Employer/School	Position	Leaving Reason

EDUCATION/QUALIFICATIONS

Qualification	Date Attained

RELEVANT PROFESSIONAL DEVELOPMENT/EXPERIENCE

List any relevant courses, training, or workshops completed in the last five years. Add more rows if necessary.

[illegible]

REFEREES

Please list up to three people you have asked to act as a referee for you. At least one should be a person you have worked with recently. The Appointments Committee will contact some/all of these people for further information.

1. Name of Referee:
Contact Phone Number:
Contact Email:
Relationship to Applicant:
2. Name of Referee:
Contact Phone Number:
Contact Email:
Relationship to Applicant:
3. Name of Referee:
Contact Phone Number:
Contact Email:
Relationship to Applicant:

PROOF OF IDENTITY

The Vulnerable Children's Act 2015 requires that applicants provide proof of their identity. Please indicate which form(s) of identification you have provided in your application and, if successful, you will need to provide the originals.

NZ Passport: Passport Number:

Expires:

NZ Drivers Licence: Licence Number:

Expires:

OR Other form of ID:

I am not a NZ Citizen - Passport Number:

Country:

EQUAL OPPORTUNITIES EMPLOYER

St Joseph's School is an equal opportunity employer. Please provide answers to the following:

Ethnicity:

Nationality:

Gender:

Date of Birth:

DECLARATION:

I declare that to the best of my knowledge the information provided in this application form and the information provided in the Curriculum Vitae and any accompanying documentation is correct. I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment will be terminated.

Applicant's Full Name:

Applicant's Signature:

Date:

PRIVACY ACT

In accordance with the Privacy Act, this application is submitted on the understanding that any information given is for the use of the employer and their authorised representatives who may at any time have access to this information. I also understand that the Board (or its agents) may review Social Media sites or other online material to establish suitability in relation to the position I have applied for.

Applicant's Signature:

Date:

Applicants for this position should have NZ residency or a valid NZ work visa.