



# CARMEL COLLEGE

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## APPLICATION FOR EMPLOYMENT – tagged teacher Important Notes for Applicants

Thank you for applying for a position with our school. Please ensure you have a copy of the position description and person specification before completing this application.

1. Please fully complete this form personally. First, read it through, 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 necessary.
3. Copies only of qualification certificates should be attached. If successful in your application you will be required to provide the originals as proof of qualifications.
4. If you are selected for an interview you may bring whanau/support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated, if any information is later found to be false.
6. All applicants will be required to give consent to a Police vet.
7.
  - a) Applicants may not be employed as a children's worker if they have been convicted of a specified offence listed in Schedule 2 of the Vulnerable Children Act 2004, unless they obtain an exemption. The Criminal Records (Clean Slate) Act 2004 will not apply to these specified offences and these offences will be included in your Police vetting results.
  - b) The Clean Slate Act provides certain convictions do not have to be disclosed providing:
    - you have not committed any offence within 7 consecutive years of being sentenced for the offence
    - you did not serve a custodial sentence<sup>1</sup> at any time
    - the offence was neither a specified offence under the Clean Slate Act 2004 nor a specified offence under the Vulnerable Children Act 2014
    - you have paid any fines or costs

Please note that you are not obliged to disclose convictions if you meet the above conditions but can do so if you wish. If you are uncertain as to whether you are eligible, contact the Ministry of Justice.

8. Shortlisted applicants being interviewed will need to provide originals of both a primary identity document (e.g. passport) and a secondary identity document (e.g. New Zealand driver's licence). A list of acceptable primary and secondary documents is available in the last sections of the Vulnerable Children Regulations 2015.
9. This application form and supporting documents will be held by the Board. You may access these in accordance with the provisions 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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<sup>1</sup> **Custodial sentence** means a sentence of imprisonment and includes corrective training, preventive detention, a sentence of imprisonment served by home detention, borstal training, detention centre training and any other sentence that requires the full time detention of the individual. **Non-custodial sentence** includes, but is not limited to, a community-based sentence, a sentence of home detention, a sentence of a fine or reparation, a suspended sentence of imprisonment and a specified order.



## APPLICATION FOR EMPLOYMENT

Position applied for	Location	Vacancy/reference number

Tick one: Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Surname/family name	First names (in full)

Birth name (if applicable)

Are you known by any other name(s)? (If yes, provide below)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Full postal address

Email address

Contact telephone numbers	
Personal:	Business:

## Identity Verification, Criminal Record and Right to Work

Please tick the appropriate boxes:

<p><u>Immigration information</u></p> <p>Are you a New Zealand citizen?</p> <p>If not, do you have resident status, or A current work permit If so, please state expiry date of permit</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you ever had a criminal conviction? If yes, please detail:</p>    <p><i>(A Board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014. The Clean Slate Act does not apply to Schedule 2 offences).</i></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you ever received a police diversion for an offence? If yes, please detail:</p>    	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you ever been discharged without conviction for an offence? If yes, please detail:</p>    	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Do you have a current New Zealand driver's licence?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? If yes, please detail:</p>    	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you awaiting sentencing or do you have charges pending? If yes, please state the nature of the conviction/cases pending:</p>    	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and your ability to do the job? If yes, please detail:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you ever been the subject of any concerns involving child safety? If yes, please details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome which the tasks of this position may aggravate or contribute to? If yes, please detail:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>For teaching/principal positions:</b></p> <p>Do you hold a current practising certificate from the Education Council of Aotearoa New Zealand? Please enter your registration number:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you subject to an investigation or pending disciplinary outcome from the Teaching Council of Aotearoa New Zealand? If yes please detail:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

## Educational Qualifications

	Name	Location	Number of years completed	Highest qualification gained
Secondary school				
University				
Other				

## Employment History

Please list your work experience for the last five years beginning with your most recent position. Please explain any gaps in employment. If you were self-employed, give details. Attach additional sheets if necessary.

Period worked (please specify the start and end dates)		Employer's name (or reason for gap in employment)	Position held	Reason for leaving
Start date	End date			
	to			
	to			
	to			
	to			
	to			

## Referees

Please provide the names of three people who could act as referees for you. One of these should be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below. 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	Organisation	Position/relationships	Landline	Mobile (preferred)

*Authority to approach other referees*

I authorise the Board or nominated representative to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I authorise the Board or nominated representative permission to access any information held by the Education Council of Aotearoa New Zealand (EDUCANZ) or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I certify that:

- The information I have supplied in this application is true and correct.
- I confirm in terms of the Privacy Act 1993 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: \_\_\_\_\_

**Note: if completing this electronically a hard copy (signed) must be provided.**



Duplicate and attach relevant CV material or certificates etc as appropriate.

3.0 If you are a beginning teacher, were you associated with a Catholic school as part of your practice teaching professional training? Yes

If yes, name and address of school(s): .....  
 .....

**E. PREVIOUS TEACHING EXPERIENCE RELATED TO THE SPECIAL CHARACTER OF A CATHOLIC SCHOOL**

Position	School	Year Level	From	To

**F. OTHER QUALIFICATIONS & EXPERIENCE RELEVANT TO THE SPECIAL CHARACTER OF A CATHOLIC SCHOOL (See Notes)**


**G. CATHOLIC CHARACTER REFEREES** Please provide three referees. At least one referee must be a priest, ethnic chaplain or lay pastoral leader who is familiar with your religious practice. (See [note](#) on referees.)

<b>1</b>	Name		Phone: Day	
	Address		Night	
			Mobile	
Email				

<b>2</b>	Name		Phone: Day	
	Address		Night	
			Mobile	
	Email			

<b>3</b>	Name		Phone: Day	
	Address		Night	
			Mobile	
	Email			

I acknowledge and accept that the information I have supplied will be used by the Proprietor (Board of Trustees in secondary schools) in terms of Education and Training Act 2020, Schedule 6, Cl 47 to assess my **acceptability** for the position as defined in the Act, and also by the Board of Trustees to determine my **suitability** for the position as defined in the Act. I have read the information in this document that explains acceptability.

Signed: ..... Date: .....