ADVENTURE SCHOOL
Longitude Place
Whitby

APPLICATION FOR APPOINTMENT

POSITION APPLYING FOR: Scale A Teacher - Fixed Term Yr 5/6

1.   PERSONAL DETAILS

Name: _____   _____   _____

Surname   *First Names*   *Preferred Name*

Postal Address: _____

_____

_____

Telephone No: **Home:** _____   **Work:** _____

Mobile: _____

Email: _____

2.   PRESENT POSITION

Position: _____   **No of Management Units:** _____

Year Level: _____

Present Employer: _____

Address: _____

_____

Date Duties Commenced: _____

3. TEACHER REGISTRATION

Status *(Please tick the appropriate box)*

- **Registered Teacher** ☐

- **Provisionally Registered Teacher** ☐

- **Applying for Registration** ☐

Practising Certificate No: _____   **Expiry Date:** _____

4. EDUCATIONAL QUALIFICATIONS

Qualification	Institution	Date Conferred

5. TEACHING EMPLOYMENT HISTORY

School	Position	Year Level(s)	Date Duties Commenced	Ceased

6. Please State Curriculum Strengths in Priority Order

7. REFEREES – Please supply the names and details of three referees who may be contacted to support your application. Select your referees from people who currently are, or have been, involved in education.

1. NAME:

          Surname   **First Name**

Postal Address:

Telephone No: **Home:** _____   **Work:** _____

                Mobile: _____

Relationship to applicant:

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2. NAME:

          Surname   **First Name**

Postal Address:

Telephone No: **Home:** _____   **Work:** _____

                Mobile: _____

Relationship to applicant:

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3. NAME:

          Surname   **First Name**

Postal Address:

Telephone No: **Home:** _____   **Work:** _____

                Mobile: _____

Relationship to applicant:

I agree to contact being made with any previous colleagues.
YES   NO

8. DISCLOSURE OF CONVICTIONS AGAINST THE LAW

Apart from minor traffic infringements have you ever been convicted of any criminal offence?
YES   NO

If "YES" enclose a certified copy of the entry in the Criminal Record book relating to the conviction[s], obtained from the Registrar of the Court concerned. The copy should be accompanied by any comments regarding the offence which you wish to make. Please give full details on a separate sheet if necessary.

9. PHYSICAL AND EMOTIONAL FITNESS

Do you have any existing medical condition/s which may affect your to carry out the full duties of the position for which you are applying?   YES   NO

If 'YES', please detail the nature of the condition/s and any comments on how this may affect your ability to fill the position for which you are applying.

Covid-19 Vaccination   *(Please indicate status)*

10. OTHER RELEVANT INFORMATION

If there is any other relevant information that would assist the Board in making its decision about your suitability or otherwise to fill the vacancy please outline this below.

11. CONFIRMATION DECLARATION:

I certify that the information given in this application is to the best of my knowledge correct. I understand that this may be verified. I give consent for the Board of Trustees or their representatives to make enquiries from the referees listed in this application and give consent to the referees making such information available. Furthermore I also give consent for the Board of Trustees or their representatives to make enquiries of past or present; employers, colleagues, other education professionals or any other person who may be in a position to assist the Board in determining my suitability in terms of filling the vacancy and give consent to those people to provide such information.

Signed: _____   **Date:** _____

EQUAL EMPLOYMENT OPPORTUNITIES DATASHEET

Adventure School is an Equal Employment Opportunity employer and as such we are required by the State Sector Act 198 to collect information for statistical purposes. The information is voluntary and confidential.

GENDER: ☐ Male ☐ Female

ETHNICITY: ☐ New Zealand European/Pakeha

☐ Maori

☐ Pacific Islander (Samoan, Fijian, Tongan, Niuean, Cook Island)

☐ Other Ethnic Group

DISABILITY: Do you live with the effects of long term injury, illness or disability?   YES/ NO

☐ Movement   ☐ Hearing

☐ Heart   ☐ Speech

☐ Vision   ☐ Emotional and Mental Health

☐ Respiration   ☐ Concentration

☐ Other

Do you need any aids or equipment or adaptation to your workplace to make your work easier or improve your work performance? YES / NO

If yes, please specify-