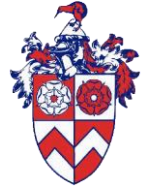


# Rosehill College

## Application for Appointment



### IMPORTANT NOTES FOR APPLICANTS

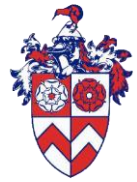
Thank you for applying for a position with our school. Please ensure you have a copy of the job description and person specifications before completing this application.

1. Please personally complete this in full. 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. Only copies of qualification certificates should be attached. If successful in your application you will be required to provide originals as proof of any qualifications relevant to the position.
4. If you are selected for an interview you may bring whanau/support people at your own expense. Please advise us if this is your intention.
5. 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 drivers licence) as well as their Practising Certificate. A list of acceptable primary and secondary identity documents can be found in the last sections of the Children's Regulations 2015.
6. Failure to complete this application and answer all the questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
7. This application form and supporting documents will be held by the school. For the successful applicant these documents will be held on their personal file, otherwise the information will be securely destroyed after 90 days. 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.

**OFFICE USE ONLY: This page must be retained on file as part of the application; it must not be removed or destroyed.**

Application for Employment - Teaching Staff



Position \_\_\_\_\_

**Personal Information**

Full Name: \_\_\_\_\_  
Surname First Name(s)

Preferred Name: \_\_\_\_\_  
(Please Circle) Mr Mrs Ms Miss Other: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_  
Private Mobile  
\_\_\_\_\_  
Email \_\_\_\_\_

**Qualifications**

Date of Certification: \_\_\_\_\_

Teacher Registration No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Classification: Full Provisional Subject to Confirmation LAT  
(Please circle)

*If Provisional or Subject to Confirmation please state reason e.g. First / second year teacher, overseas teacher*

M.O.E. Number: \_\_\_\_\_

Degrees \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_

Diplomas \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_

Certificates \_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_

Other Qualifications: \_\_\_\_\_  
\_\_\_\_\_

**Declaring Relevant Relationships**

Are you related to any Rosehill College employee or Board Member?      Yes       No

If Yes, please provide information \_\_\_\_\_

\_\_\_\_\_

**Teaching Experience**

Please list your teaching service in the last ten years starting with your current position. This must be completed.

Position	School	Location	From Month & Year	To Month & Year	Full Time (FT) Part time (PT)

For the purposes of compliance with the Privacy Act 1993, do you consent to the school contacting your present/previous employer for the purposes of reference checking?

Yes       No

Are you a New Zealand Citizen?      Yes       No

If not, do you have resident status, or      Yes       No

A current work permit?      Yes       No

Do you have a current full, clean New Zealand Driver's licence?      Yes       No

## Health

Do you have any known condition that may affect your ability to efficiently carry out the functions and responsibilities of the position applied for?

Yes  No

If **YES**, please specify: \_\_\_\_\_

Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injury, which the tasks of this job may aggravate or contribute to?

Yes  No

If **YES**, please specify: \_\_\_\_\_

This school has a no smoking policy – are you prepared to abide by this?

Yes  No

## Convictions Against the Law

Have you ever been convicted of any criminal offence (other than a minor traffic offence)

Yes  No

If **YES**, please list criminal convictions, except in those cases where our asking you to declare them would breach the Criminal Records (Clean Slate) Act 2004.

Are you awaiting sentencing/currently have charges pending?

Yes  No

If **YES**, please specify: \_\_\_\_\_

Have you ever received Police diversion for an offence?

Yes  No

If **YES**, please specify: \_\_\_\_\_

Have you been the subject of any concerns involving child safety?

Yes  No

If **YES**, please specify: \_\_\_\_\_

In addition to other information provided are there any factors that we should know to assess your suitability for appointment and your ability to do the job?

Yes  No

If **YES**, please specify: \_\_\_\_\_

The Board reserves the right to contact authorities to verify any claim made.

## Restorative Practices, BYOD and co-curricular programmes

A commitment to the Restorative Practices, BYOD and co-curricular programmes is expected of successful applicants. Please indicate what commitment you would make to sport or cultural activities.

\_\_\_\_\_  
\_\_\_\_\_

## Referees

Please provide names, addresses and phone numbers of three (3) referees, one of whom is a current or previous employing BOT member and/or Principal

1.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone – Private

\_\_\_\_\_  
Telephone – Business

\_\_\_\_\_  
Ext

\_\_\_\_\_  
Cellphone

\_\_\_\_\_  
Email

Capacity in which you have known this person: \_\_\_\_\_  
\_\_\_\_\_

2.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone – Private

\_\_\_\_\_  
Telephone – Business

\_\_\_\_\_  
Ext

\_\_\_\_\_  
Cellphone

\_\_\_\_\_  
Email

Capacity in which you have known this person: \_\_\_\_\_  
\_\_\_\_\_

3.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone – Private

\_\_\_\_\_  
Telephone – Business

\_\_\_\_\_  
Ext

\_\_\_\_\_  
Cellphone

\_\_\_\_\_  
Email

Capacity in which you have known this person: \_\_\_\_\_  
\_\_\_\_\_

I consent to the school seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released to the school for the purposes of ascertaining my suitability for the position for which I am applying.

I understand that the information received by the school is supplied in confidence as evaluative material and will not be disclosed to me.

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: \_\_\_\_\_