

Riversdale School
APPLICATION FOR APPOINTMENT



Inspiring Excellence
Today's Learners, Tomorrow's Leaders

Position: Permanent Teacher Scale A

Name: _____

Address: _____

Landline: _____ Mobile: _____ Email: _____

Teacher Registration Number: _____ Expiry date: _____

MoE Number _____

Qualifications: Certificates, degrees, diplomas or other qualifications

Current Status (please circle one): Permanent Fixed-Term Relieving

Employment Service to date: (List the last five years. Continue on a separate sheet if necessary.)

Worksite Name	Level/Role	Commenced	Ceased

Referee Details: (Please ensure that all nominated referees are readily contactable.)

1. Name: _____

Address: _____

Phone No: _____

Email: _____

2. Name: _____

Address: _____

Phone No: _____

Email: _____

Declaration (please read carefully and sign to confirm).

- a) I declare that the information given in this application, my Curriculum Vitae and associated documentation is to the best of my knowledge correct. I understand that this may be verified.
- b) In accordance with the Privacy Act, I authorize the Board of Trustees to obtain further information from the referees listed in this application and consent to the referees disclosing such information to the Board.
- c) I also authorize the Board of Trustees to seek information as they see fit (including from on-line profiles and social media posts) in relation to my application, and consent to the disclosure of information to the Board of Trustees by such persons of whom inquiry is made on matters pertinent to the job description and teaching role.

d) Have you ever been convicted on an offence against the law? (Excluding minor traffic violations.)

Yes/No – If yes please supply details on a separate sheet.

e) Have you ever been the subject of a formal complaint about child wellbeing or child safety?

Yes/No – If yes please supply details on a separate sheet.

f) I confirm that I have no pre-existing medical conditions that may be aggravated by undertaking work associated with this position.

Yes/No

If yes _____

g) I confirm that I hold a current teacher registration in New Zealand and have at no time had my registration reviewed or revoked by the New Zealand Teachers Council due to disciplinary matters.

Yes No N/A

If no _____

h) I understand that falsification or inaccurate recording of any details associated with this application, including qualifications and/or claims of experience as well as items on this declaration, may lead to the termination of my employment.

Applicant's Signature: _____ Date: _____

Thank you for your application.

For your information:

The **successful applicant** will be required to complete the following before the appointment is confirmed by the Board of Trustees.

Name _____ Position _____

Date _____

Area or Aspect	Date	Details/Signature
Proof of identification List A - original primary document (passport, birth certificate etc.) one must be photographic.		
Proof of identification List B — drivers licence, community services card.		
Curriculum Vitae with last 5 years of employment.		
Practising Certificate expiry date and number (if applicable).		
ICT Responsible Use Agreement.		
Referees contacted.		

Area or Aspect	Date	Details/Signature
Risk Assessment carried out.		