

APPLICATION FOR POSITION

Learning Leader (Teacher)

Please complete this form and return it with your CV and covering letter to the School Leader at employment@alfristoncollege.school.nz

Name:

Teacher registration details:

Number: Status: Expiry:

1. Alfriston College is committed to the vision and values of The New Zealand Curriculum. Describe your vision for this role within a secondary school. (300 words)

2. In your opinion, what is the aim or purpose of education in our contemporary society? Give examples from your own teaching practise that best illustrate how your learners work towards achieving these aims. (400 words)

Convictions:

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

Yes No

(b) If YES please provide the date and details of the offence, the penalty, or reason, together with any comments you may wish to make.

(c) Are you currently awaiting the hearing of any charges?

Yes No

Please note:

- You may be asked to provide a copy of the relevant Court record(s) obtained from the Police and the Board reserve the right to contact authorities to verify any claim made
- Failure to provide correct and true details of any conviction or other reason for possible unsuitability will make you liable to dismissal from the employment of Alfriston College Board of Trustees should you be the successful applicant

Referees:

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

	Referee 1	Referee 2	Referee 3
Name:			
Position:			
Organisation:			
Contact address:			
Contact phone:			

Declaration:

I (full name) declare that to the best of my knowledge the answers provided in this application form and any other information provided to Alfriston College in support of my application is correct and I understand that if any false or deliberately misleading information is given, or any material suppressed, I will not be accepted, or, if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regard to gradual process, disease or infection can result in my loss of entitlement to any accident compensation.

Signature: Date: