

LINWOOD AVENUE SCHOOL APPLICATION FORM

Please email to:

principal@linwoodave.school.nz

Position applied for:

PERSONAL DETAILS

Surname			
Given names			
Preferred name			
Are you known by any other names? If so please provide.			
Drivers Licence			
Address			
Date of birth			
Contact details	HOME		WORK
	MOBILE		EMAIL

Certificated Teacher Status	<input checked="" type="checkbox"/>	Registration No.	Expiry date
Certificated teacher	<input type="checkbox"/>		
Provisionally certificated	<input type="checkbox"/>		
Not certificated	<input type="checkbox"/>		

Present Teaching Position	
School	
Date appointed	
Type of appointment	

Can we contact your principal about this position? YES NO

Educational Qualifications	Type of qualification	Date received	Received from

CONFIRMATION

1	I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked.	YES	NO
	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 dismissed.		
2	I have a current practising certificate from the Teaching Council of Aotearoa New Zealand	YES	NO
3	IMMIGRATION INFORMATION Are you a New Zealand citizen?	YES	NO
	If not, do you have residential status, or a current work permit	YES	NO
4	HEALTH INFORMATION Are you aware of any injury or medical condition that could impact on your ability to perform this job effectively? If 'Yes', please detail below:	YES	NO
5	IN ACCORDANCE WITH THE PRIVACY ACT, I AUTHORISE THE BOARD OF TRUSTEES TO: <ul style="list-style-type: none"> Obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the board Obtain information in relation to my application from persons not listed as referees, and I consent to these persons disclosing pertinent information to the board. Contact the Education Council. 	YES	NO
6	STUDENT SAFETY [<i>Cross out the statement that doesn't apply to you</i>] <ul style="list-style-type: none"> I have never been the subject of a complaint about the safety of a student. I have been the subject of a complaint about the safety of a student. <i>Please give dates and details:</i>		
7	OFFENCES AGAINST THE LAW [<i>Cross out the statements that don't apply to you</i>] <ul style="list-style-type: none"> I have never been convicted of an offence against the law (excluding minor traffic convictions). I have no pending charges of an offence against the law. I have been convicted of an offence against the law. <i>Please give dates and details:</i> <ul style="list-style-type: none"> I have pending charges of an offence against the law. <i>Please give dates and details:</i> <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 Children's Act does not apply to schedule 2 offences)</i></p>		
8	I know of no reason why I would not be suitable to work with children or young people.	TRUE	FALSE
9	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 . . .	YES	NO

Applicant's signature

Date

REFEREES

Please provide the names and contact details of three referees below. Referees' reports are confidential to the board. Referees will only be contacted for candidates who are short-listed.

REFEREE'S DETAILS				
Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	

REFEREE'S DETAILS				
Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	

REFEREE'S DETAILS				
Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	