

APPLICATION FOR TEACHING APPOINTMENT



TO: Deputy Headmaster HR – John Blyth

POSITION APPLIED FOR: Head of Counselling

PERSONAL DETAILS:

Name: _____ Home Phone: (0) _____
Address: _____ Work Phone: (0) _____
_____ Mobile Phone: (0) _____
_____ Email: _____
Registration No: _____ Expiry Date: _____
(Teaching Council)

PRESENT EMPLOYER:

Name of present employer: _____ Work Phone: (0) _____
Address: _____ Other Phone: (0) _____
_____ Date commenced: _____
Position held: _____

REFEREES: (Note: at least one of these should be able to attest to your most recent work performance)

1
Name: _____ Home Phone: (0) _____
Address: _____ Work Phone: (0) _____
_____ Mobile Phone: (0) _____
_____ Email: _____

2
Name: _____ Home Phone: (0) _____
Address: _____ Work Phone: (0) _____
_____ Mobile Phone: (0) _____
_____ Email: _____

3

Name: _____ Home Phone: (0) _____
 Address: _____ Work Phone: (0) _____
 _____ Mobile Phone: (0) _____
 _____ Email: _____

TERTIARY EDUCATION QUALIFICATIONS

Institution attended	Year	Qualifications attained	Date awarded

TEACHING SERVICE (LIST ALL SCHOOLS AND POSITIONS)

Position	Salary Scale	School	Date from	Date to

Overseas Police Vet

If you have resided in a country outside New Zealand you are required to:

- Name the country you resided in.
- State the time period you resided in that country.
- Attach a Police Vet from the country you resided in.

Name of Country	Date from:	Date to:	Police Vet attached
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

OTHER INFORMATION

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you had any injury or medical condition which the tasks of this job may aggravate or contribute to, or know of any reason why you might have difficulty carrying out the job description attached? If yes, please give details below:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you have any matters relating to yourself currently or previously before the Education Council?

Do you have a current New Zealand Driver License?

Do you give permission for your police record to be checked?

Are you a New Zealand citizen?

* If not, do you have residential status?

* A current work permit?

Have you changed your name by deed poll / statutory declaration?

Other names known by: _____

PRIVACY ACT 1993 (To be signed by the Applicant)

This Application is submitted with the understanding that any further information given is for the use of the employer and their authorised representatives who may at any time have access to this information.

APPLICANT'S SIGNATURE: _____ DATE: _____

DECLARATION:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE AGAINST THE LAW? (apart from minor traffic offences) Have you received police diversion for an offence, have charges pending or know of any reason why you should not be employed to work in a school environment? If YES, please provide date and details of offence(s) on a separate sheet. Please note that you may be asked to provide a copy of the relevant court records available from the registrar of the court concerned.

I certify that I know of no reason why I would not be suitable to work with children/young people.

I certify that I am registered (or provisionally registered) as a New Zealand teacher. I solemnly and sincerely declare that to the best of my knowledge and belief the information given in this application and in my C.V. is correct.

APPLICANT'S SIGNATURE: _____ DATE: _____

