

Application Form

Position applied for:

Personal Details

Surname

Given names

Address

Contact phone: home: _____ work: _____ mobile: _____

Registered Teacher Status	<input checked="" type="checkbox"/>	Registration No.
Registered teacher	<input type="checkbox"/>	
Provisionally registered	<input type="checkbox"/>	
Not registered	<input type="checkbox"/>	

Do you agree to us contacting		
Your current employer as a referee?	Yes	No
Your previous employers as a referees?	Yes	No
previous employers or training providers for information on your qualifications or employment ?	Yes	No
Have you ever been charged with a criminal offence or do you know of any reason why the police might consider you a risk to children or as an employee?	Yes	No
Has any previous employer taken disciplinary action regarding you?	Yes	No

Health Matters		
1. Have you ever been treated or hospitalised for a mental illness or injury or condition that would have affected your ability to carry out fully the functions and responsibilities of the position applied for?	Yes	No
2. Have you had any condition, problems, injury, illness, disability or condition that would have affected your ability in the past or may effect your ability to carry out fully the functions and responsibilities of the position applied for?	Yes	No
3. Are you on any medication or under medical treatment or regularly ingest any substances that may affect your ability to carry out fully the functions & responsibilities of the position applied for?	Yes	No
4. Have you ever suffered from a back injury?	Yes	No
5. Have you ever suffered from any injury requiring time off work?	Yes	No
6. Have you ever claimed accident compensation?	Yes	No
7. Are you suffering from any infectious disease or have any condition which is capable of being passed on to children and is likely to have a detrimental effect if passed on to them [Regulation 31(2)]	Yes	No
If you answered yes (to any of the questions 1-7) please detail here or on a further page_		
8. Do you smoke?	Yes	No
Do you have any physical or other conditions that would make it difficult for you to:-		
a. Hear a child cry from 6 metres away?	Yes	No
b. Sit on the floor without support?	Yes	No
c. Move very quickly?	Yes	No
d. Be on your feet for several hours?	Yes	No
e. See a child clearly from 6 metres away?	Yes	No
f. Pick up a child?	Yes	No
g. Pick up toys and equipment from the floor?	Yes	No
h. Be outside for more than 2 hours?	Yes	No

Confirmation

1. I certify that the information given in this application is, to the best of my knowledge, correct. I understand that the claims made in my application may be checked.

2. I am currently registered to teach in New Zealand

3. In accordance with the Privacy Act, I authorize management to obtain further information from the referees listed in this application and I consent to the referees disclosing such information to the board.

4. I authorise the owners to make inquiries in relation to my application and consent to the disclosure of information to management by such persons to whom enquiry is made, on matters pertinent to this appointment.

5. Offences against the law. Cross out the statement that doesn't apply to you.
 - I have never been convicted of an offence against the law, (excluding minor traffic convictions).
 - I have been convicted of an offence against the law. (Please give details and dates):

Applicant's Signature: _____

Date : _____

If you answered YES to any of a) to h) please give details

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