



Poukawa School

FULL NAME:	
PHONE:	
EMAIL:	
ADDRESS:	
TEACHING REGISTRATION NUMBER:	

Are you a NZ Citizen: YES / NO If not, do you have a NZ Work Permit: YES / NO

Criminal Conviction: YES / NO

Have you had any complaints or investigations into your teaching practice or professional conduct: YES / NO

MEDICAL HEALTH

Please describe any injury or illness you have had that may affect your ability to effectively carry out the duties and responsibilities of this position:

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REFEREES (please include details of 2 referees)

<u>NAME:</u>	
<u>CONTACT EMAIL:</u>	<u>CONTACT PHONE:</u>
<u>RELATIONSHIP TO YOU</u> (include how long you have known this person):	

<u>NAME:</u>	
<u>CONTACT EMAIL:</u>	<u>CONTACT PHONE:</u>
<u>RELATIONSHIP TO YOU</u> (include how long you have known this person):	

I consent to the School contacting the referees listed above. I also consent to the School contacting other individuals within the education sector who may be able to provide relevant information regarding my professional suitability for this position. YES / NO

DECLARATION:

I declare that to the best of my knowledge the information provided in this application form and the information provided in the Curriculum Vitae and any accompanying documentation is correct. I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment will be terminated.

SIGNED: _____

DATE: _____