

Application Form

RAS Middle Primary School Position

Tick one

Mr Mrs Ms Miss

Or other preferred title:

Surname/Family name	First names (in full)
<input type="text"/>	<input type="text"/>

Birth name (if applicable)

Are you known by any other name(s)? (if yes please provide below) Yes No

Full postal address

Email address

Contact telephone numbers

Personal: <input type="text"/>	Business: <input type="text"/>
--------------------------------	--------------------------------

Identity Verification, Criminal Record and Right to Work

Please tick the appropriate boxes:

<u>Immigration information</u>	
Are you a New Zealand citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, do you have resident status, or	Yes <input type="checkbox"/> No <input type="checkbox"/>
A current work permit	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>Have you ever had a criminal conviction? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please detail:</p> <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 Vulnerable Children Act 2014. The Clean Slate Act does not apply to schedule 2 offences.)</i></p>
<p>Have you ever received a police diversion for an offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please detail:</p>
<p>Have you ever been discharged without conviction for an offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please detail:</p>
<p>Do you have a current New Zealand driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please detail:</p>
<p>Are you awaiting sentencing or do you have charges pending? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please state the nature of the conviction/cases pending:</p>
<p>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? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", please detail:</p>
<p>Have you ever been the subject of any concerns involving child safety? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please detail:</p>
<p>Have you had any injury or medical condition that may affect your ability to carry out duties as a classroom teacher Yes <input type="checkbox"/> No <input type="checkbox"/> or</p> <p>have you had an injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome which the tasks of this position may aggravate or contribute to? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", please detail:</p>

Practicing Certificate:

Do you hold a current practising certificate from the Teaching Council of Aotearoa New Zealand? Yes No

Please enter your registration number:

Educational Qualifications

	Name	Location	Number of years completed	Highest Qualification Gained
University				
Other				

Employment History

Please list your work experience for the last five years beginning with your most recent position. Please explain any gaps in employment. If you were self-employed, give details. Attach additional sheets if necessary.

Period worked (please specify the start and end dates)		Employer's name (or reason for gap in employment)	Position held	Reason for leaving
Start date	End date			

Referees

Please provide the names of three people who could act as referees for you. One of these could be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

Name	Organisation	Position/ Relationship	Landline (preferred)	Mobile

Authority to approach other referees

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I authorise the Board, or nominated representative, permission to access any information held by the Teaching Council of Aotearoa New Zealand or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Appointment Criteria

Specific Curriculum Strength

Briefly outline your experiences in the delivery of middle primary school programmes. Outline any other curriculum strengths.

Literacy

Please give details of any experience in literacy delivery you have had in previous positions.

Mathematics/Statistics

Please give details of any experience in mathematics/statistics delivery you have had in previous positions.

Positive Behaviour for Learning Experience

Please give details of any experiences in Positive Behaviour For Learning.

Involvement in Extra-Curricular Activities

What areas are you prepared to offer your skills and support in?

Teaching Practice

What do you consider to be the top three priorities in successful school practice?

Outside Interests and Hobbies

Details of activities and/or positions held:

I certify that:

- The information I have supplied in this application is true and correct.
- I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.
- I know of no reason why I would not be suitable to work with children/young people.
- 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 liable to be dismissed.

Signature _____

Date:

Application close at 3:00 p.m. on Monday August 9 2021

Addressed to: Appointment Application
 The Principal
 Reefton Area School
 10 Victory Street
 Reefton

Or Email to: waynewright@ras.school.nz or office@ras.school.nz