



### Referee Form – Teaching Staff

*Thank you for providing a reference as this is a crucial aspect of our appointments process. Please note that **late referee forms will not be accepted.***  
**Emailed referee forms are preferred – please submit these to: gm@oamarukindergarten.co.nz.**  
*Alternatively, hand-deliver or post to: Oamaru Kindergarten Association, 209 Thames Street, Oamaru 9400*

**Note to Applicants:**  
When forwarding a hard copy of this form to your referee, please include a copy of the position description and attributes and advise the closing dates for applications. If your Referee wishes to provide a hard copy reference, please include a stamped, addressed envelope with this form. When completed, this should be sent to General Manager, Oamaru Kindergarten Association, 209 Thames Street, Oamaru 9400.

**Note to Referees:**  
Your name has been provided by the Applicant below as a person able to comment on the Applicant’s qualities as a teacher. The information you supply will be used solely for the purposes of determining the Applicant’s suitability in relation to other applicants for the position below and will remain confidential to those persons directly involved in the appointments process. This report will not be disclosed to the Applicant unless you prior consent has been given.  
Please indicate below whether you give consent to disclose any information contained within this report to the Applicant.  
 I give consent to disclose this report to the Applicant.  
 I do not give consent to disclose this report to the Applicant.

*This section is to be completed by the applicant.*

**Applicant**

Name of Applicant: \_\_\_\_\_  
Position Applied for: \_\_\_\_\_  
Kindergarten: \_\_\_\_\_  
Closing Date for this Position: \_\_\_\_\_

*The remainder of this form is to be completed by the referee.*

**Referee Details**

Full Name of Referee: \_\_\_\_\_  
Organisation: \_\_\_\_\_  
Position: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Mobile Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

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In what capacity do you know the Applicant?

Position held by the Applicant:

How long was the Applicant in this position?

Did the Applicant report directly to you?      Yes       No

Please briefly describe the duties and responsibilities of this Applicant:

What would you say are the Applicant's areas of teaching excellence:

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What are the most notable qualities this teacher demonstrates when interacting with children?

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Please describe some of the innovative practices that you have seen the Applicant engage in or lead:

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Please describe some of the te-tiriti based practices you have seen the Applicant engaged in or lead:

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How would you evaluate their overall performance as compared to others who have held the same of similar positions – why?

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How well did the Applicant interact with colleagues?

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How well did the Applicant interact with families and community?

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In a disagreement or conflict situation, how would you expect the Applicant to respond?

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What administrative activities was the Applicant involved in on a regular basis?

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How would you describe the Applicant's work habits e.g. organisational skills, time management, prioritising, meeting deadlines, initiative taking etc.

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How would you describe the Applicant's ability to accept direction/instruction?

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Considering the job description and attributes provided, please provide your opinion on the Applicant's suitability for the position:

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In what areas of practice could the Applicant further develop?

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Please comment on any personal attributes of the Applicant which you consider relevant:

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Was there every any reason to question the Applicant's honesty or integrity and if so, why?

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What was the Applicant's reason for leaving the position?

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Would you employ the Applicant again? Why / Why not?

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Future Use

Please indicate whether or not you agree to this reference being held on file for a maximum of 12 months in order that it can be used with future applications to this Association for vacancies of a similar nature.

Yes  No

Declaration

I certify to the best of my knowledge that the information contained in this report is a factual representation of the Applicant and his/her abilities.

Full Name:

Signature:

Date: