



**KAMO INTERMEDIATE**  
**Scale A Teacher**  
**Fixed Term**  
**APPLICATION PACK**

Dear Applicant

Thank you for choosing to apply for the role of Scale A teacher at Kamo Intermediate School.

Kamo Intermediate School is proud of its educational opportunities and sporting and cultural achievements. It is a decile 5 intermediate school with a 2021 roll of just over 700 (U7) students.

Kamo Intermediate School is an exciting learning community based on a shared vision - *Together, Building Tomorrow*. Kamo Intermediate is a place where **everyone** has an **opportunity** to be the **best they can be**; where **diversity** is celebrated and **positive relationships** are paramount. Kamo Intermediate School welcomes all learners in our community. We are committed to their engagement in school activities and to their achievement. We believe in building strong, positive and meaningful relationships.

Our teachers enjoy working in a school that is full of engaged confident learners, staffed with an innovative leadership team and a committed Board of Trustees.

If you can inspire and challenge students to achieve beyond their potential, are yourself innovative and future focussed, then we look forward to receiving your application.

The starting date for this position is Term One, 2022.

We look forward to receiving your application.

Yours sincerely

Kim Sloane  
Principal

Send your completed application pack and CV to Kim Sloane, Principal c/- Shiree Small.  
[ssmall@kamoint.school.nz](mailto:ssmall@kamoint.school.nz)

# KAMO INTERMEDIATE SCHOOL APPLICATION FOR EMPLOYMENT

## *Important Notes for Applicants*

Thank you for applying for a position with our school.

1. Please fully complete this form personally. Read it through, then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a curriculum vitae (CV) containing your skills and experience. Expand on this information in your covering letter.
3. Copies only of qualification certificates should be attached. If successful in your application, you may be required to provide the originals as proof of qualifications.
4. If you are selected for an interview you may bring whānau/support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated, if any information is later found to be false.
6. All applicants must include their teacher registration number.
7. This application form and supporting documents will be held by the board. You may access these in accordance with the provisions of the Privacy Act 1993. If you have any queries, please contact the person cited in the advertisement.

# APPLICATION FOR EMPLOYMENT

## Teacher(fixed term)

### Kamo Intermediate School

*Circle one* Mr Mrs Ms Miss

Or other preferred title: \_\_\_\_\_

Surname/Family name:

First Name/s:

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

Full postal address

Email address

Contact telephone numbers

## ***Identity Verification, Criminal Record and Right to Work***

Please circle the relevant response

*Immigration information* Are you a New Zealand citizen? Yes / No If not, do you have permanent resident status, or

A current work permit Yes / No

*Have you ever had a criminal conviction?* Yes / No If “Yes” please detail:

*(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.)*

*Have you ever received a police diversion for an offence?* Yes / No

*Have you ever been discharged without conviction for an offence?* Yes / No

*Do you have a current New Zealand driver’s licence?* Yes / No

*Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment?* Yes / No

*Are you awaiting sentencing or do you have charges pending?* Yes / No

If “Yes” please state the nature of the conviction/cases pending:

*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 / No

*Have you ever been the subject of any concerns involving child safety?* Yes / No

*Have you had any 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 / No

*Have you got any medical condition that could affect your ability to perform your duties as a teacher?* Yes / No

*(If yes, please expand on)*

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

Please enter your registration number:

Registration type (*full, provisional, subject to confirmation*):

### **Educational Qualifications**

<b>Qualification</b>	<b>University (or other educational institute) gained</b>	<b>Year of completion</b>

**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.

<b>Period worked (start and end dates)</b>	<b>Employer's Name</b>	<b>Position Held</b>	<b>Reason for Leaving</b>

**Referees** Please provide the names of three people who could act as referees for you. One of these should be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below.

Name	Relationship to applicant	Contact phone and/or email

*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 / No

I authorise the Board, or nominated representative, permission to access any information held by the Teachers Council of Aotearoa New Zealand (EDUCANZ) or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position.

Yes / No

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 \_\_\_\_\_