



# Application for Appointment

## IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position within our School.

1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of these references.
3. Attach copies of qualification certificates only. If successful in your application, you will be required to provide originals as proof of qualifications.
4. If you are selected for an interview, you may bring whanau/support people at your own expense. Please advise Tiera Matenga Riki [triki@southerncross.school.nz](mailto:triki@southerncross.school.nz) 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 Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.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. Shortlisted applicants will be asked to give consent to a police vet.
7. This application form and supporting documents will be held by the Campus. You may access it in accordance with the provisions of the Privacy Act 1993.

If you have any queries, please contact Tiera Matenga Riki [triki@southerncross.school.nz](mailto:triki@southerncross.school.nz)

**OFFICE USE ONLY: This page must be retained on file as part of the application; it must not be removed or destroyed.**



## APPLICATION FOR APPOINTMENT

Position applied for:

Location:

Vacancy/Reference No:

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**Tick One**

Mrs                  Ms                  Miss                  Mr

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

**Surname / Family Name**

**First Names (in full)**

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**Full Postal Address**

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**Contact Telephone Number**

Private:	Business:	Mobile:
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**Email Address**

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**Please tick the appropriate boxes:**

Are you a New Zealand citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, do you have residence status, or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A current work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Visa status:		
New Zealand Teacher Registration:	Limited Authority to Teach <input type="checkbox"/>	Provisional <input type="checkbox"/>
	Full <input type="checkbox"/>	
Have you ever had a criminal conviction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please detail:		
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"/>
If "Yes" please detail:		
Are you awaiting sentencing / currently have charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please provide details:		



In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job?  If "Yes" please detail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to?  If "Yes" please detail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please declare your vaccination status.  Are you fully vaccinated against COVID-19?  Have you received a single dose of the vaccine?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a medical condition that could prevent you from performing in this position to an acceptable level?"	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a current driver's licence?  What class of licence held?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have discipline procedures ever been commenced against you in any of your previous employment positions?  If "Yes" please detail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
TWO forms of photo identification (ID) have been supplied to SCC (please list below the two forms of ID):  1. _____  2. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had or are you involved in any school discipline issues? If 'Yes' please detail	Yes <input type="checkbox"/> No <input type="checkbox"/>



Are you part of a current Police investigation?  
If 'Yes' please details

Yes  No

**Educational Qualifications:**

Please state your last secondary level qualification:

Please state your tertiary level qualification/s:

Please state any other qualifications that relate to the position:

**Employment History**

Please outline your most recent employment history, beginning with current or latest employment.

Period Worked	Employer's Name	Position Held	Reason for Leaving

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your work performance. 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	Address	Telephone	Relationship (e.g. employer/principal)

Do you agree to these references being asked to nominate other persons who might assist in assessing your application? If Yes, please note that we may contact these persons.

Yes  No



The position you have applied for requires specific knowledge, skills, attributes and personal characteristics. Please outline below how you meet each of these attributes and abilities. Even though you are attaching a C.V. please fill this out in full. The contact person cited in the advertisement can assist with any questions you might have.

<b>Knowledge, skills, attributes and personal characteristics</b>	<b>Past roles in which you have demonstrated this knowledge, skills, attributes and personal characteristics</b>	<b>What did you do which demonstrated this?</b>

I certify that the information I have supplied in this application is true and correct. 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. I confirm the terms of the Privacy Act 1993 that I have authorised access to referees.

Signature Employee \_\_\_\_\_ Date \_\_\_\_\_



REFEREE'S REPORT  
(Confidential to Southern Cross Campus)

Name of Applicant: \_\_\_\_\_

Referee's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_

1. (a) What is your relationship to the applicant? \_\_\_\_\_

(b) How long have you known them? \_\_\_\_\_

(c) What opportunities have you had recently to see them at work?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are the main reasons that they will stand out as being an excellent teacher?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is their Achilles' heel? Weaknesses? Or, areas needing development?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. If you were in our position, would you appointment this Applicant as a teacher without reservation?  
\_\_\_\_\_

5. Any other comments that will help in the consideration of this Applicant?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return directly to:

The Executive Assistant  
Southern Cross Campus  
237 Buckland Road  
Mangere  
Auckland 2024  
Email: [triki@southerncross.school.nz](mailto:triki@southerncross.school.nz)

Thank you