



WHANGAPARAOA COLLEGE

Application for Appointment

IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position with our school. Please ensure you have a copy of the job description before completing this application.

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 the references.
3. Copies only of qualification certificates should be attached. 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 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 Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.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. It is a requirement in the Education Sector for all employees to be vetted.
7. In terms of a Criminal Conviction, the Criminal Records (Clean Slate) Act 2004 provides certain convictions do not have to be disclosed providing:
 - You have not committed any offence within 7 (consecutive) years of being sentenced for the offence **and**
 - You did not serve a custodial sentence at any time (this would exclude serious offences such as murder, manslaughter, rape and causing serious bodily harm) **and**
 - The offence was not a specified offence (specified offences are in the main sexual in nature) **and**
 - You have paid any fine or costs

Custodial sentences include a sentence of preventive detention and corrective training. Non-custodial sentences include fines, reparation orders, community-based sentences and suspended sentences. Please note that you are not obliged to disclose convictions if you are an eligible individual but can do so if you wish. If you are uncertain as to whether you are eligible contact the Ministry of Justice.

8. This application form and supporting documents will be held by the school. You may access it in accordance with the provisions of the Privacy Act 1993.

If you have any queries, please contact the person cited in the advertisement.

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

ALL APPLICANTS:

Position applied for	Location	Vacancy/Reference No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

Tick One

Mr Mrs Ms Miss

Or other preferred title:

Surname/Family Name	First Names (in full)
<input type="text"/>	<input type="text"/>

Full Postal Address

Contact Telephone Numbers and Email Address

Home: <input type="text"/>	Mobile: <input type="text"/>	Email: <input type="text"/>
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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 resident status, or	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
A current work permit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Have you ever had a criminal conviction? (convictions that fall under the clean slate scheme do not have to be disclosed)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes" please detail:				

Have you ever received a police diversion for an offence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If "Yes" please detail:				

Do you have a current New Zealand driver's licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you 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:		
Have you had any injury or do you currently have any medical condition caused by gradual process, disease, infection, accident or other, such as occupational overuse syndrome, mental health issues, or repetitive strain injuries, which a) the tasks of this job may aggravate or contribute to or b) might impact on your ability to fulfil all aspects of this position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please detail:		
Would you need to bring any medications to school; or take medications that could impact on your ability to fulfil all aspects of this position?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please detail:		
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"/>
If "Yes", please elaborate:		
Do you have any known reason to request leave from school during school term time in your first 12 months of employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please detail:		
Date of Birth: _____		
<u>For Statistical Purposes Only:</u>		
Ethnicity / Nationality:	Gender:	Male / Female

TEACHER APPLICANTS ONLY:		
Teacher Registration		
Practising Certificate:	Full <input type="checkbox"/>	Provisional <input type="checkbox"/>
Subject to Confirmation <input type="checkbox"/>		
Teacher Registration Number: _____		Expiry Date: _____
Country Where Teaching Certificate was attained:		
ATTACH COPY OF YOUR CURRENT TEACHER'S REGISTRATION CERTIFICATE TO THIS FORM		

Present Employment (Tick appropriate boxes)**Current Teaching Position Held:** (Specify)**Date Appointed**Permanent Part-time Relieving Other _____

If not teaching, state present position:

ALL APPLICANTS:**Education 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 most recent employment history, beginning with current or latest employment.

Period	Employer's Name	Position Held	Reason for Leaving

RefereesPlease 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 (eg. Employer/Principal)	
Authority to approach other referees: I authorise the Board, or nominated representative, to approach a person or the Education Council, 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"/>

