



Te Whare Aroha O Nga Mokopuna  
*The House of Love for All Children*

EARLY CHILDHOOD CENTRE



POSITION APPLIED FOR			
FULL NAME			
POSTAL ADDRESS			
EMAIL ADDRESS			
CONTACT PHONE NUMBERS		MOBILE	

**Thank you for applying for a position with our Centre.** Please ensure you read the Job Description before completing this application.

- Please fully complete this form personally. Read it through and answer all questions and make sure you sign and date where indicated on the last page.
- Return the completed application with **two forms of identification**, at least one of which should be a photo ID (passport, driver's licence)
- Attach a covering letter that includes a description of why you want this position and why you feel you would be the best candidate.
- Attach a curriculum vitae (CV) containing any additional information. If you include written references please provide current contact details for the writers and note that we may contact them.
- Only copies of qualification certificates should be attached, rather than original documents. If you are successful in your application, note that you will be required to provide originals.
- Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or your employment being terminated if any information you provide is found to be incorrect or misleading.
- Shortlisted applicants for non-registered Teacher positions will be required to give consent to a POLICE VET. This is a requirement of both the Education Act and Vulnerable Children's Act. Note; Registered Teachers are Police vetted as part of their certification process.
- This application form and supporting documents will be held by the Centre. You may access these documents in accordance with the provisions of the Privacy Act 1993.



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Are you a New Zealand Citizen?

YES / NO

- If no, do you have the appropriate work permit(s) to legally work in New Zealand? YES / NO
- Please provide details:

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Criminal Offences

**Note: You are not required to provide any information that is eligible to be concealed under the Criminal Records (clean slate) Act 2004 in response to any of the questions in this section**

- Have you ever been convicted of a criminal offence? YES / NO
- If YES give brief details:

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- Are you awaiting hearing of any charges for any other offences? YES / NO
- If YES please give brief details:

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- Are you aware of any other charges that Police may be considering laying against you: YES / NO
- If YES give brief details:

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Do you have a current driver's license? YES / NO

- Are you awaiting hearing of any charges for any driving offences? YES / NO
- If YES give brief details:

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**HEALTH**

If necessary you may be required to undergo a pre-employment medical check. The cost of which will be met by the Centre.

- Do you have any known health condition of any kind, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? YES / NO
- If YES give brief details:

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- Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the position applied for (e.g previous back injury, carpal tunnel, tennis elbow or any other repetitive strain injury)? YES / NO
- If YES give brief details:

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- Are you on any medication which may affect your performance in the position that you have applied for? YES / NO
- If YES give brief details:

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- 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 requirements of the position may aggravate or contribute to? YES / NO
- If YES give brief details:

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#### EDUCATION

(start with the most recent)

Name of University, Polytechnic, etc	Dates attended (month/year)	Part time Full time	Qualifications	Office use

NOTE: A. State major subject of degree

B. If you have a tertiary qualification that is incomplete, state papers gained

Name of Secondary School	Qualification	Office use



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<b>EMPLOYMENT HISTORY</b>				* if part time indicate Hours per week
(Start with the most recent)				
Name of Employer	Position held	Nature of work	Dates Month/Year	Office use

You may continue on back of this sheet

Is there any additional information relevant to this application? Eg experiences in voluntary or community work, national responsibility in an organisation, a hobby, household responsibilities, overseas travel. If so, please attach a separate sheet.

**Teacher Registration Status**

- Are you currently a Registered teacher? YES / NO
- If YES:
  - Registration type: Full / Provisional / Subject to confirmation
  - Registration number:
  - Practicing Certificate expiry
  - Are you awaiting hearing of any charges by the Education Council disciplinary tribunal?  
YES / NO

If YES give brief details

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**REFEREES**

Please give details of three people from whom can be contacted for referee reports

NAME	ORGANISATION	PHONE CONTACT/S

**DECLARATION**

I authorise Te Whare Aroha o Nga Mokopuna Inc to contact the referees I have named to obtain a reference and to discuss my application with them. I also authorise Te Whare Aroha o Nga Mokopuna to contact previous employers to discuss my past employment and this application with them. I further authorise Te Whare Aroha o Nga Mokopuna to provide this statement to them as authority for the referee to divulge such information.

I ..... (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct and I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

Signature .....

Date .....

