



Teaching Position Application Form

Email application to:	ed@tearatai.school.nz
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Position applied for:	Health & PE teacher, full time, fixed term until end of year.
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Personal details

Last name			
Given names			
Preferred name			
Address			
Contact details	Home:		Work:
	Mobile:		email:

Certified teacher status		Registration number	Expiry date
Certificated	✓		
Provisionally certificated			
Not certificated			

Present teaching position

School			
Date appointed			
Type of appointment			
Can we contact the principal of your present school about this position?	Yes	No	

Educational Qualifications

Type of qualification	Received from	Date Received

Details of training and service			
School	Position	Dates	Class level

Please indicate any breaks in service and give reasons, e.g. overseas travel:

Dates	Reason for break

Total certificated service				
In permanent positions	Years:		Months:	
In relieving positions	Years:		Months:	

Confirmation

1.	I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked. 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 dismissed.	Yes	No
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2.	I am legally entitled to work in New Zealand in the role applied form (i.e. as a New Zealand or Australian citizen/permanent resident or holder of a current and valid work visa or residence visa).	Yes	No
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3.	I currently registered to teach in New Zealand	Yes	No
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4.	In accordance with the Privacy Act 2020, I authorise the Board to obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the Board.	Yes	No
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5.	STUDENT SAFETY - Cross out the statement that doesn't apply to you		
	<ul style="list-style-type: none"> I have never been the subject of a complaint about the safety of a student. 		
	<ul style="list-style-type: none"> I have been the subject of a complaint about the safety of a student. Please give dates and details. 		

6.	OFFENCES AGAINST THE LAW		
	<ul style="list-style-type: none"> I have never been convicted of an offence against the law (excluding minor traffic convictions). 	True	False
	<ul style="list-style-type: none"> I have been convicted of an offence against the law. Please give dates and details: 	Yes	No
	<ul style="list-style-type: none"> I have pending charges of an offence against the law. Please give dates and details: 	Yes	No

7.	I know of no reason why I would not be suitable to work with children or young people.	Yes	No
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Applicant signature:	Date:
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Referees

Please provide the names and contact details of three referees below. Referee reports are confidential to the Board. Referees will only be contacted for candidates who are shortlisted.

Referee 1

Full name		
Position		
Relationship to applicant		
Contact details	Home:	Work:
	Mobile:	email:

Referee 2

Full name		
Position		
Relationship to applicant		
Contact details	Home:	Work:
	Mobile:	email:

Referee 3

Full name		
Position		
Relationship to applicant		
Contact details	Home:	Work:
	Mobile:	email: