



# Ashburton Christian School

## Teaching Application Form

### Personal Information

|                             |                             |                              |                               |                             |                                 |
|-----------------------------|-----------------------------|------------------------------|-------------------------------|-----------------------------|---------------------------------|
| Full Name                   |                             |                              |                               |                             |                                 |
| Title                       | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Miss | <input type="checkbox"/> Ms | <input type="checkbox"/> Other: |
| Current Residential Address |                             |                              |                               |                             |                                 |
| Email                       |                             |                              |                               |                             |                                 |
| Preferred Contact Number    |                             |                              |                               |                             |                                 |

### Immigration Information

|  |                              |                             |  |
|--|------------------------------|-----------------------------|--|
| Nationality                                  |                              | Country of Birth            |  |
| Are you a New Zealand or Australian Citizen? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| If not, do you have Resident status, or      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |
| A current Work Permit                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  |

### New Zealand Teacher Registration

|   |                                   |                                      |   |
|---|-----------------------------------|--------------------------------------|---|
| Teacher Registration Number<br>(If none – N/A)                      |                                   | Expiry Date                          | <input type="checkbox"/>                                  |
| Teacher Registration Status   | <input type="checkbox"/> Full (1) | <input type="checkbox"/> Provisional | <input type="checkbox"/> Subject to Confirmation Full (2) |
| Are you already registered on the NZ Ministry of Education Payroll? | <input type="checkbox"/> Yes      | No                                   | If Yes, Payroll Number (MOE Number – 6 digits)            |
| I authorise the Board of Trustees to undertake a Police Vetting.    | <input type="checkbox"/> Yes      | <input type="checkbox"/> No          |   |
| Criminal Conviction / Discharge without Conviction                  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No          |   |

Details

### Referees

#### General – Personal and Professional Teaching Qualities

|                          |  |
|--------------------------|--|
| Name                     |  |
| Position / Title         |  |
| School                   |  |
| Email                    |  |
| Preferred Contact Number |  |

#### General – Personal and Professional Teaching Qualities

|                          |  |
|--------------------------|--|
| Name                     |  |
| Position / Title         |  |
| School                   |  |
| Email                    |  |
| Preferred Contact Number |  |

#### Special Character (Pastoral) – Christian Life and Service

|                             |  |
|-----------------------------|--|
| Name                        |  |
| Position in Church          |  |
| Relationship with Applicant |  |
| Church                      |  |
| Email                       |  |
| Preferred Contact Number    |  |



# Ashburton Christian School

## Teaching Application Form

### Special Character

The school's Motto, Vision and Statement of Belief (refer below) clearly explain the Special Character of Ashburton Christian School which is foundational to the philosophy and teaching of the school and impacts significantly on the day to day life of the school. All teaching staff are expected to uphold and enhance the Special Character of the school.

#### Statement of Belief:

I believe in:

1. The unity of the Father, the Son and the Holy Spirit in the Godhead.
2. The Sovereignty of God in creation, revelation, redemption and final judgement.
3. The divine inspiration and trustworthiness of Holy Scripture, as originally given and its supreme authority in all matters of faith and conduct.
4. The universal sinfulness and guilt of human nature since the fall, rendering humankind subject to God's wrath and condemnation.
5. Redemption from the guilt, penalty, pollution and power of sin only through the sacrificial death (as our representative and substitute) of Jesus Christ, the Incarnate Son of God.
6. The bodily resurrection of Jesus Christ from the dead, His ascension, His mediatorial work and His personal return in power and glory.
7. The necessity of the work of the Holy Spirit to make the death of Christ effective to the individual sinner, granting repentance toward God and faith in Jesus Christ.
8. The indwelling and sanctifying work of the Holy Spirit in the believer.
9. The one holy, universal church, which is the Body of Christ, to which all true believers belong and in which they are united through the Spirit.
10. The resurrection of the body, and life everlasting.

|  |                                 |                                      |                                    |                                       |
|--|---------------------------------|--------------------------------------|------------------------------------|---------------------------------------|
| I agree with and believe in the above statements |                                 | <input type="checkbox"/> Yes         | <input type="checkbox"/> No        |                                       |
| Are you an active member of a local church       | <input type="checkbox"/> Yes    | <input type="checkbox"/> No          | If so, which church do you attend? |                                       |
| Name of Minister / Pastor                        |                                 |                                      |                                    |                                       |
| How frequently do you attend?                    | <input type="checkbox"/> Weekly | <input type="checkbox"/> Fortnightly | <input type="checkbox"/> Monthly   | <input type="checkbox"/> Occasionally |

Comment on how you became a Christian and give your views on what it means to be a Christian

|   |                              |                             |
|---|------------------------------|-----------------------------|
| The information I have supplied in this application is true and correct | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

|      |  |           |  |      |  |
|------|--|-----------|--|------|--|
| Name |  | Signature |  | Date |  |
|------|--|-----------|--|------|--|