



Aotea College
Okowai Road, Porirua
P O Box 50 046, Porirua City 5240
Phone: 64 4 237 3166
Fax: 64 4 237 3177
Principal: Kate Gainsford BA, Dip Tchg

Teaching Staff Application for employment

Position applying for: _____

Section 1 Personal Information

First Name(s) _____

Family Name: _____

Preferred Name _____ Mr / Mrs / Miss / Ms / Other _____
(please circle preferred title)

Residential address: _____

_____ Postcode: _____

Email: _____

Phone no.: _____ Mobile no.: _____

Date of Birth: ____/____/____ Marital status: _____
(optional) (optional)

Are you a New Zealand citizen? Yes No

If "no" to the above question, do you have the legal right to work in New Zealand, either through permanent residence or a valid work permit? (Evidence required)

Evidence enclosed:

Proof of Permanent Residence Yes No N/A

Valid work permit Yes No N/A

Proof of Immigration Yes No N/A

Passport Number _____

Section 2 Education and Qualifications

Teacher Registration Status

Registration number: _____ Expiry date: _____

Provisional Full PRT 1 PRT 2 Pending
(please tick appropriate box)

Ministry of Education number: _____

Degrees, Diplomas, Certificates (list from highest formal qualification attained). Include teacher training qualification.

Qualification	Education Provider	Year attained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

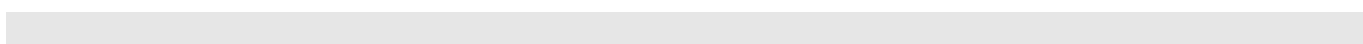
For teaching purposes you will be required (on offer of an appointment) to provide originals of your highest qualification, teaching training qualification and evidence of teacher registration of copies verified by a notary public.

Other qualification, experience or professional development relevant to the current application.

For teaching positions which subjects are you prepared/qualified to teach, to which levels of schooling?

Subjects	levels of Schooling
_____	_____
_____	_____
_____	_____
_____	_____

Itemize papers passed in your degree/s relevant to teaching



Section 3 Employment History

Have you previously been employed by a secondary school or other educational provider.

Yes No

List previous employers and dates of employment:

Employer	Date employed from	to

Section 4 Referees

Please give details of three referees who you authorise us to contact. Two referees should be work related and the third may be personal. **Note an email address is required for each referee.

Name	Contact Details (organization & email address)	Phone: (landline and mobile)	Relationship (e.g. employer/principal?)

Do you give your consent for any relevant information relating to this position to be obtained from named referees or current employers? Yes No

Do you give your consent for us to contact any other persons in regard to your application? Yes No

Section 5 Safety

Have you ever had a criminal conviction Yes No

Have you ever received a police diversion for an offence? Yes No

Have you been convicted of a driving offence which resulted in temporary or permanent loss of license, or imprisonment? Yes No

Are you awaiting sentencing/currently have charges pending? Yes No

Have you been the subject of any concerns involving student safety? Yes No

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? Yes No

Section 6 Health

Please answer all questions

Do you have any chronic medical condition that the College needs to know about (e.g diabetes, hearing impairment, heart condition, allergies)? Yes No

If "yes", please provide details of the condition and current treatment/medication.

Have you ever suffered from any overuse injuries e.g RSI, OOS (includes tendonitis, carpal tunnel, tennis elbow) back injuries or back strain?? Yes No

Are there any health or safety provisions we need to make on your behalf to be a good employer?

Section 7 Official Information Act Requirements

Collecting and holding personal information

The information you provide in this application will be held by Aotea College.

Purpose

The information is for the purpose of assessing your suitability for employment and the school's obligations to fulfil legislative requirements such as EEO and ACC. If your application is successful it will be retained in your personnel file. If unsuccessful it will be destroyed within one month of appointment of the successful applicant.

Access to this information

You have a right of access to personal information held about you.

Section 8 Important notes for applicants and declaration

Two certified copies of ID are enclosed with this application. Yes No

Please send the completed application form, a covering letter and your curriculum vitae (CV) containing any additional information to Debbie Allan, Principal's P.A. at aln@aotea.school.nz. If you include written references, please note that we may contact the writers of the references.

I understand that if any false information is given, or any material fact suppressed, I may not be appointed, or if I am employed, I may be dismissed. I also understand that any false information given in Section 6, Health, may result in my loss of entitlement for any compensation from ACC (or, as applicable, under the Accident Insurance Act).

Further, I understand that Police Check is required under the Vulnerable Children's Act and Aotea College safety checking procedures to be completed prior to my appointment. I agree to complete the required form for Police check.

I, _____ (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct.

Signature: _____ Date: _____