



Whakapono ki a koe

Whitiora School

38 Willoughby Street
Hamilton 3200 New Zealand

Phone 07-839-5579
e-mail: principal@whitiora.school.nz

APPLICATION FOR APPOINTMENT

Details provided in this application form will be used to carry out a Safety Check in accordance with the requirements of the Vulnerable Children's Act 2014

Position Applied For	Position Junior School Permanent - Kowhai Y1 - 2	
Name		
Date of Birth		
Address		
Telephone	Mob:	Hm:
Email		Wk:
<p>Two forms of identification (at least one ID with a photo) must be provided (please attach certified copies)</p> <ul style="list-style-type: none"> - one form must be from Category A, and - one form must be from Category B <p>Please tick [<input checked="" type="checkbox"/>] the Form provided</p>		
Category A	Category B	
<input type="checkbox"/> New Zealand Passport	<input type="checkbox"/> New Zealand Driver's Licence	
<input type="checkbox"/> A New Zealand Certificate of Identity issued under the Passports Act 1992 to Non-New Zealand citizens who cannot obtain a passport from their country of origin	<input type="checkbox"/> 18+ Card (must be current)	
<input type="checkbox"/> New Zealand certificate of Identity (issued to people who have refugee status)	<input type="checkbox"/> Community Services Card	
<input type="checkbox"/> New Zealand Refugee Travel Document	<input type="checkbox"/> Super Gold Card	
<input type="checkbox"/> Emergency Travel Document	<input type="checkbox"/> Veteran Super Gold Card	
<input type="checkbox"/> New Zealand Firearms License	<input type="checkbox"/> Inland Revenue Number	
<input type="checkbox"/> Overseas Passport (with New Zealand Immigration Visa/Permit)	<input type="checkbox"/> Electoral Roll Records	
<input type="checkbox"/> New Zealand Full Birth Certificate	<input type="checkbox"/> New Zealand issued utility bill, issued not more than 6 months earlier.	
<input type="checkbox"/> New Zealand Citizenship Certificate		

Identification		
Category A details	(Type) (Number & expiry date)	
Category B details	(Type) (Number & expiry date)	
Qualifications (please attach certified photocopies)		
Practising Certificate	Name:	Reg. No.:
	Full/Prov/STC:	Expiry Date:
Qualification	Issued by: University/Tertiary Organisation	Year Awarded
Current Employment		
School (or other):		
Address:		
Position:		
Time held:		Salary Scale:

Work History

Please Provide ... your Full Work History for the past Five Years ... and contact details for all

Start Date	Finish Date	Position	Employer Firm/Business/School	Employer's Name Contact Details
20/03/201X	25/12/201X	Scale A Teacher	XYXYX School Street Address , City	Joe Blogs Ph: 0X XXX XXXX

If necessary additional line should be added to create a complete list

... continued

Referees:

Please provide details of three referees (not related to you or part of your extended family) who can be contacted to provide references

Name		
Position Held		
Telephone	Wk:	Hm:
Email		Mob:

Name		
Position Held		
Telephone	Wk:	Hm:
Email		Mob:

Name		
Position Held		
Telephone	Wk:	Hm:
Email		Mob:

<i>Please provide a written paragraph response to the following: -</i>
1) Give a brief description of your current class of students and explain how you have made an impact on their learning.
<i>Response ...</i>
2) Describe a situation when you have collaborated with colleagues, the benefits that resulted for students, and what evidence verified this benefit.
<i>Response ...</i>
3) Describe your experience in an Innovative Learning Environment (ILE) environment and how this has changed your teaching, or alternatively if you have not had ILE experience describe how you see yourself contributing to an ILE.
<i>Response ...</i>

... continued

Declaration (please read the following statement and sign below if in agreement)

In accordance with the Privacy Act 1993, I _____
give consent for the Board of Trustees or their representatives to make enquiries of the referees listed in the application and give consent to the referees to make such information available. Furthermore, I give consent for the Board of Trustees or their representatives to make enquiries of past or present employers, colleagues, NZTC or equivalent overseas professional body or any other person who may be in a position to assist the Board in determining my suitability in terms of filling a vacancy. I give consent to those people providing such information.

Signed: Date: / /

Convictions

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE AGAINST THE LAW? (Apart from minor traffic offences)	YES / NO (please indicate)
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If 'YES' enclose a certified copy of the entry in the Criminal Record Book relating to the conviction(s), obtained from the Registrar of the Court concerned. The copy should be accompanied by any comments you wish to make regard the offence (please give full details).

Confirmation

I certify that the information given in this application is, to the best of my knowledge, correct and I understand that this may be verified.

Applicant's Signature: Date: / /

To Complete Your Application

Please submit scanned pdf copies to the Principal by the due closing date and time:

address ... principal@whitiora.school.nz

1. Covering Letter
2. Curriculum Vitae (CV)
3. A completed signed Application Form
4. Certified copies of your: - Identification Category A and Category B
- Qualifications
- Practicing Certificate

(originals to be provided by shortlisted applicants at interview)