



## Application for a teaching position

*Thank you for applying for a position in our school.*

1. Please complete this form personally and fully in your own handwriting even if identical details are recorded in your CV. Ensure you sign and date the bottom of the second and fourth pages.
2. If not supplied already, attach a curriculum vitae. If you include written testimonials, please note that we may contact the writers of them.
3. Copies only of qualification certificates should be attached. If successful in your application you may be required to provide originals as proof.
4. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.

**To: The Principal, PO Box 5124, New Plymouth 4310:**

I wish to apply for the position of:	
as advertised in (include publication and date):	
Full Name: Dr/Mr/Mrs/Ms/Miss:	
Date of Birth:	
New Zealand registration status: Full/Provisional/Subject to Confirmation/LAT/Unregistered	
If currently or previously employed in the NZ education system insert MOE number:	
If registered as a NZ teacher, insert your number:	Expiry date:
Postal Address:	
Phone:	Mobile:
Email:	
Qualifications and dates received:	
College of Education:	Year of Graduation:
Course Taken:	
Subjects and levels you are willing and able to teach:	
Teaching experience (include: position, school name, subjects and dates)	

**Other Details:**

Special qualifications, experience or strengths that equip you to perform well in this position:
Wider curricular activities you are willing to assist us with:

**Questions relating to your employment**

Francis Douglas Memorial College is a Catholic school. Are you willing to support our Catholic character in a professional manner while the school employs you? [yes/no] delete

Are you willing to do your share of the additional tasks required to ensure the school runs well, and the wider education of our students is catered for? [yes/no] delete

Have you ever been convicted of any offence against the law, apart from minor traffic convictions, or otherwise know of any reason why you might be considered an unsuitable person for employment in a school environment? [yes/no] delete

Please complete and enclose our attached **Disabilities or Medical Conditions** form.

**Referees**

We require contact details of three referees for all teaching positions.

1.	2.	3.
Phone:	Phone:	Phone:

If you are selected for an interview you may bring whanau/support people at your own expense. Please advise if this is your intention.

The school will hold this application form and supporting documents. You may access it in accordance with the provisions of the Privacy Act 1993.

**Declaration:**

Please read the following statement and if you agree to it sign below:

*In accordance with the Privacy Act 1993, I give consent for the Board of Trustees or their representatives to make enquiries from the referees listed in the application and give consent to the referees making such information available. Furthermore I also 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 the vacancy and give consent to those people providing such information.*

Signature of applicant: \_\_\_\_\_ Date / /

Please email to [office@fdmc.school.nz](mailto:office@fdmc.school.nz) or post to PO Box 5124, New Plymouth 4343

## Disabilities or Medical Conditions Form

*Note: The Human Rights Act 1993 defines disability as, "physical disability or impairment, physical illness, psychiatric illness; intellectual or psychological disability or impairment, the presence in the body of organisms capable of causing illness, any other loss or abnormality of a body or mind function; and reliance on a guide dog, wheelchair or other remedial means".*

Name: .....

Do you have any disability or medical condition that would affect your ability to effectively carry out the tasks and responsibilities of the job you are applying for?

Yes/No

If yes, please provide details (please include any services or facilities which would allow you to carry out this role satisfactorily?)

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Do you have, or have you had, any injury or medical condition caused by a gradual process, disease or infection which may be aggravated by the function and responsibilities of the job for which you have applied?

Yes/No

If yes, give details:

.....  
.....

Do you have any present or past injury for which you may or may not have claimed ACC and/or other insurance cover, likely to be aggravated by the job you have applied for?

Yes/No

If yes, give details:

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Have you suffered any injury to your neck, shoulders or back? Please detail on the next page accordingly.

Yes/No

Please give an explanation below  
When did the injury occur?

.....

What was the cause?

.....

What treatment are you/have you been receiving?

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Have you ever had medical treatment for: (please circle)

Back strain or pain	Y	N
Asthma	Y	N
Heart Disease	Y	N
Kidney problems	Y	N
Epilepsy	Y	N
High Blood Pressure	Y	N
Dermatitis	Y	N
Psychiatric Problems	Y	N
Diabetes	Y	N

If yes, please provide details:

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Signature and name of applicant: .....

Date: .....