

APPLICATION FOR APPOINTMENT

PART TIME, FIXED TERM TEACHER

DUNEDIN

TERM 2 0.2-0.4, TERM 3, 4 FULLTIME

Please complete all sections of this form and attach a covering letter and your Curriculum Vitae.

The Application must be received by The Principal, Southern Health School no later than **3pm Monday 30 March 2020** to be considered.

Helen Mantell
Principal
Southern Health School
95 Tuam Street, Level 2
Cardale House
PO Box 1757
CHRISTCHURCH
Telephone: (03) 366 6739
Fax: (03) 374 6503
Email: jmh@southernhealth.school.nz

1. PERSONAL DETAILS:

Full Name: _____

Postal Address: _____

Contact Telephone Number: _____

MOE Number: _____

2. DISCLOSURE:

- Have you ever been convicted of any offence against the law apart from summary offences? Yes/No

- If yes, please supply relevant details:
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- I give permission for the Southern Health School Board of Trustees to check my record with the New Zealand Police. Yes/No

- Please describe any injury or illness you have had that may affect your ability to effectively carry out the duties and responsibilities of the position
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- Do you have any other known condition that may affect your ability to carry out the duties and responsibilities outlined in the job description? If yes, please provide the detail. Yes/No
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- Do you smoke? Yes/No

- Do you have any allergic reactions? If yes, please detail. Yes/No
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- Do you agree to a medical examination if required? Yes/No

- I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

- Do you have a full drivers licence

- Do you have a car that can be used for school business

3. TEACHING STATUS: (PLEASE TICK APPROPRIATE BOX)

- Registered teacher
- Provisionally registered teacher
- Not registered but have applied for registration
- Not registered

A verified photocopy of current registration must be attached to your application.

4. PRESENT POSITION

Position: _____

School: _____

Date appointed: _____

Nature of present position (tick appropriate boxes)

Permanent

Part time

Full time

Relieving

Other (specify) _____

If not teaching, state present occupation: _____

5. QUALIFICATIONS:

List degrees, diplomas, certificates or other qualifications together with the major subject qualifications on which the degree etc is based, e.g. BA Eng III, French II.

DEGREES, DIPLOMAS, CERTIFICATES ETC	MAIN SUBJECTS AND LEVELS	YEAR COMPLETED

6. EMPLOYMENT RECORD:

Provide an overview of your four most recent positions.

POSITION	SCHOOL	MAIN SUBJECTS AND/OR LEVELS TAUGHT	DATES	

7. REFEREES

You are required to supply the names and contact information for two referees for the appointments committee to contact.

1. Mr/Ms/Mrs/Miss

Surname: _____ Given Name: _____

Position: _____

Address: _____

Telephone: Pvte: _____ Bus: _____

Facsimile Number: _____

2. Mr/Ms/Mrs/Miss

Surname: _____ Given Name: _____

Position: _____

Address: _____

Telephone: Pvte: _____ Bus: _____

Facsimile Number: _____

8. CONFIRMATION

- a) I certify that the information given in this application is, to the best of my knowledge, correct. I understand that this may be verified.
- b) In accordance with the Privacy Act, I authorise the Board of Trustees to obtain information from the referees listed in this application and consent to the referees disclosing such information to the Board.
- c) I agree to the references/referees provided to the Board of Trustees in respect to my application being used for the purposes of considering my suitability for the position.

I also agree that the Board may make further verbal or written inquiry from the referees provided and my previous employer(s).

- d) I declare that to the best of my knowledge the answers in this application form and the information provided in my Curriculum Vitae are correct and I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment will be terminated.
- e) I agree to the Southern Health School Board of Trustees requesting my personal file from the Teacher Registration Board.

Applicant's Signature: _____ Date: _____