

# St Brendan's Catholic School

56 Palmer Crescent – Heretaunga  
UPPER HUTT



## Fixed Term Not Tagged Scale A Teacher, 2020

The Information contained in this application will be kept confidential to the Applicant and those involved in the appointment process.

### Personal Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Telephone Numbers:

Home: \_\_\_\_\_

Work: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Teacher Registration Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Ethnic Identification: \_\_\_\_\_

(The above data is used only for EEO purposes.)

### Qualifications

Please list relevant academic and professional qualifications stating where and when they were gained.

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### Record of Teaching Experience

Employer	Position	Date Begun	Date Ceased	Year Level/s

## Please ensure your CV and covering letter detail your:

- **Relevant Skills** State the skills you have that are relevant to this position as advertised and explain how you have demonstrated these skills.
- **Personal Qualities** Indicate the personal qualities you believe you have that would make a positive contribution to our school.

## Referees

Please provide phone numbers that also enable us to contact referees outside of normal work hours and in school holidays.

Name: _____		
Address: _____		
Contact Telephone Numbers:	Home: _____	Work: _____
Relationship to Applicant:		

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Address: _____		
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Relationship to Applicant:		

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Address: _____		
Contact Telephone Numbers:	Home: _____	Work: _____
Relationship to Applicant:		

### PRIVACY ACT 1993 : (To be signed by the Applicant)

This Application is submitted on the understanding that any information given is for the use of the employer and their authorised representatives who may at any time have access to this information. I agree to the Board of Trustees (or its agents) approaching my referees for a statement of my abilities in relation to this Application and, should it be necessary, to seek verbal clarification from the above referees on points that may need further explanation.

**Applicant's Signature:**

**Date:**

As part of this application, we ask for your authority to contact other referees if the Board deems, necessary.

#### AUTHORITY

"I authorise the Board, or nominated representative, to approach persons other than the above listed, to gather information related to my suitability for appointment to the position applied for here within." Yes  No

"I authorise the Board, or nominated representative, permission to access any Information held by the Teachers Council, including matters under investigation, to gather information related to my suitability for appointment to the position." Yes  No

**Applicant's Signature:**

**Date:**

## LEGAL AND SECURITY

- Are you a New Zealand citizen?** Yes  No
- If not do you have resident status, or** N/A  Yes  No
- A current work permit?** N/A  Yes  No
- Have you ever had a criminal conviction?** Yes  No   
(Convictions under the clean slate scheme do not have to be disclosed)  
If "Yes" please detail:
- Have you ever received police diversion for an Offence?** Yes  No   
If "Yes" please detail:
- Have you been convicted of a driving offence which resulted in temporary or permanent loss of licence or imprisonment?** Yes  No   
If "Yes" please detail:
- Are you awaiting sentencing/currently have charge pending?** Yes  No   
If "Yes" please detail:
- Have you been the subject of any concerns involving student or child safety?** Yes  No   
If "Yes" please detail:
- Are there any additional factors that we should know to assess your suitability and ability for this job?** Yes  No   
If "Yes" please elaborate:

## HEALTH AND WELLBEING

- Have you sustained any injury that could inhibit you from completing the tasks of your job?** Yes  No
- Do you have any medical conditions that would affect your ability to do this job?** Yes  No
- Have you suffered an illness (including mental) or injury caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries which may Be aggravated or contributed to by doing this job?** Yes  No   
Please describe any medical issues we should be aware of:

## Declaration

I, the applicant, certify that:

- The information that I have supplied in this application and in my CV is true and correct.
- I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.
- I know of no reasons why I would not be suitable to work with children / young people.
- I confirm I am willing to uphold the Special Character of St Brendan's School.
- I confirm I am willing to maintain a high standard of dress.
- I confirm I have no health conditions that will impact on my ability to meet the requirements of this teaching position. Or, the following health condition \_\_\_\_\_ which may impact on my ability to meet the requirements of this teaching position.
- I understand that if I have supplied incorrect or misleading information, or omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.
- I have included all relevant documentation as outlined in the Application Package.

Applicant's Signature:

Date:

Applications can be e-mailed to Veronica Sawers: [principal@stbrendans.school.nz](mailto:principal@stbrendans.school.nz).