

OTAKIRI SCHOOL

Application for Appointment

IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position with our school.

1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a *curriculum vitae (CV)* containing any additional information. If you include written references, please note that we may contact the writers of the references.
3. If you are selected for an interview you may bring whānau/support people at your own expense. Please advise if this is your intention.
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 Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
5. Shortlisted applicants being interviewed will need to provide originals of both a primary identity document (eg passport) and a secondary identity document (eg New Zealand driver licence). A list of acceptable primary and secondary documents is available in the last sections of the Vulnerable Children Regulations 2015.
6. This application form and supporting documents will be held by the board. You may access it in accordance with the provisions of the Privacy Act 1993.

If you have any queries, please contact the person cited in the advertisement.

OFFICE USE ONLY: This page must be retained on file as part of the application; it must not be removed or destroyed.

APPLICATION FOR APPOINTMENT

Tick One

Mr

Mrs

Ms

Miss

Or other preferred title:

Surname / Family Name	First Names (in full)
<input type="text"/>	<input type="text"/>

Birth Name (if applicable)	Are you known by any other names?
<input type="text"/>	If yes, other names you are known by (in full): <input type="text"/>

Full Postal Address
<input type="text"/>

Email Address
<input type="text"/>

Contact Telephone Number	
Private: <input type="text"/>	Business: <input type="text"/>

Please tick the appropriate boxes:		
Are you a New Zealand citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, do you have resident status, or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A current work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a criminal conviction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please detail: <i>(A board may not employ or engage a children's worker who as been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014. The Clean Slate Act does not apply to Schedule 2 offences.)</i>		
Have you ever received a police diversion for an offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If "Yes" please detail:

Do you have a current New Zealand driver's licence?

Yes

No

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 charges pending?

Yes

No

If "Yes" please state the nature of the conviction/cases pending:

Have you been the subject of any concerns involving child safety?

Yes

No

If "Yes" please detail:

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

If "Yes" please elaborate:

Do you hold a current practising certificate from Teaching Council of Aotearoa New Zealand - Matatū Aotearoa?

Yes

No

REGISTRATION NUMBER:

TYPE:

EXPIRY:

Educational Qualifications:

Please state your tertiary level qualification/s:

Please state any other qualifications that relate to the position:

EMPLOYMENT HISTORY (PRACTICUMS for Beginning Teachers)

Please outline most recent employment history, beginning with your current or latest employment.

Period Worked (start and end dates)	Employer's Name	Position Held	Reason for Leaving

REFEREES

Please provide the names of two professional referees. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

Name	Organisation	Relationship / Position	Phone (landline & mobile)

Authority to approach other referees

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I authorise the Board, or nominated representative, permission to access any information held by the Teaching Council of Aotearoa New Zealand - Matatū Aotearoa or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I certify that:

- The information I have supplied in this application is true and correct
- I confirm that (in terms of the Privacy Act 1993) I authorise access to referees and any other personnel relevant to this application
- I know of no reason why I would not be suitable to work with children/young people
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed

Signature _____ Date _____

(Note: Dated digital signatures will be accepted or please sign and scan before sending)