

# MANGAKAHIA AREA SCHOOL

## APPLICATION FOR APPOINTMENT

### IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position with our school.(COL)  
Please ensure you have a copy of the job description before completing this application.  
Available at:

[conversation.education.govt.nz/assets/LSC/Learning-Support-Coordinator-Role-Description.pdf](https://www.conversation.education.govt.nz/assets/LSC/Learning-Support-Coordinator-Role-Description.pdf)

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 containing any additional information. If you include written references, please note that we may contact the writers of these references.
3. Copies only of qualification certificates should be attached. If successful in your application you will be required to provide originals as proofs of qualifications.
4. If you are selected for an interview you may bring whanau/support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
6. All applicants must give consent to a police vet. (NB Continued employment is contingent on you maintaining a satisfactory police clearance.)
7. This application form and supporting documents will be held by the school. 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.

# APPLICATION FOR APPOINTMENT

**Position applied for:** Learning Support Coordinator

**Surname:** \_\_\_\_\_ **First Name(s)** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Contact Telephone Number:**

**Private:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email** \_\_\_\_\_

**Are you a New Zealand Citizen:** Yes/No (please circle)

**If not do you have resident status:** Yes/No

**Do you have a current work permit:** Yes/ No

**Have you ever had a criminal conviction:** Yes/No

If Yes please give details : \_\_\_\_\_

\_\_\_\_\_

**Have you ever received a police diversion for an offence:** Yes/No

If Yes please give details : \_\_\_\_\_

\_\_\_\_\_

**Have you been the subject of concern involving student safety:** Yes/No

If Yes please give details : \_\_\_\_\_

\_\_\_\_\_

**In addition to the above information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job?**

If so please elaborate \_\_\_\_\_

\_\_\_\_\_

**Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to? Yes / No**

If Yes please give details \_\_\_\_\_

**Do you have a current driver's licence:** Yes / No

Please provide a copy of the Licence with photograph displayed.

**Qualifications:**

Institution attended	Year	Qualification Attained	Date Awarded

**Employment History:**

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

Period Worked	Employer's Name	Position Held	Reason for Leaving

**Job Experience:**

The position you have applied for requires a range of skills attributes and personal characteristics. As the position newly created there is an opportunity to define in collaboration with other LSC's and CoL principals, on how best to effectively deliver the

**support envisioned in this role. Please outline below how you envision the role and how you feel you could meet these requirements** (this can be outlined in covering letter)

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**Referees:**

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your most recent work performance. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references:

<b>Name</b>	<b>Address</b>	<b>Telephone (Mobile and land line)</b>	<b>Relationship e.g. Principal/employer</b>

Do you agree to these referees being asked to nominate other persons who might assist in assessing your application?      Yes/No

If Yes please note we may contact these persons.

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**I certify that the information I have supplied in this application is true and correct. 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.**

**I confirm that under the Privacy Act 1993 that I have authorised access to referees.**

I know of no reason why I would not be suitable to work with your children/people.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**(Note: If an electronic signature is provided a hard copy will be requested)**

**Applications close on Monday 6 January 2019.**

**Applications should be sent to.**

**Hard copy: Mangakahia Area School, Mangakahia Road, Titoki, Titoki PDC Whangarei**

**Digital: admin@mangakahia .school.nz**

**Attn: Phil Reynolds Principal**