



**APPLICATION FOR APPOINTMENT  
NEW ZEALAND REGISTERED TEACHER**

Please fill in this form and return it by mail or email, together with your CV and any other material you consider relevant, to:

**Principal's Assistant**  
Queen Margaret College  
P O Box 12274  
Thorndon, Wellington 6144

Your application, CV and any other material you include cannot be returned. Please do not send folders or original documents.

If your application is successful, the information will form part of the School's personnel records. Information relating to unsuccessful applicants is destroyed. The above statements are made in accordance with the Privacy Act 1993.

**A. POSITION APPLIED FOR:** \_\_\_\_\_

**B. PERSONAL DETAILS:**

**Title:** Miss / Ms / Mrs / Mr / None / Other: \_\_\_\_\_  
*(Please Circle One)* *(Please state)*

**Full Name** \_\_\_\_\_

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

**Contact Details:**  
Home Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**C. CLASSIFICATION OF TEACHER REGISTRATION**

Full / Provisional / Subject to Confirmation *(Please circle one)*

A New Zealand Registered Teacher  **YES**  **NO**

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

*(Please attach copy of current Teacher Registration card)*

**D. QUALIFICATIONS** *(Use a separate sheet if required)*

Certificates/Degrees/Diplomas or other relevant qualifications	Subjects/Papers Passed & Levels <i>(if these are not in accompanying curriculum vitae)</i>	Date/Year Completed

*(Please attach certified copies of relevant certificates, etc.)*

**E. PRESENT EMPLOYMENT**

Current Teaching Position: \_\_\_\_\_

School: \_\_\_\_\_

Salary Step: \_\_\_\_\_

*(Please attach a recent payslip)*

**F. AVAILABILITY**

Date available to start or period of notice required in current employment

.....

**G. ENTITLEMENT TO WORK**

I am entitled under the Immigration Act 1987 to do the work for which this application applies:

- I am a New Zealand citizen (or an Australian citizen)
- I hold a New Zealand residence permit
- I hold a work permit with conditions permitting this employment
- I hold a visitor or student permit with conditions permitting this employment
- Other entitlements – please specify: .....

**H. TEACHING SERVICE DETAILS:** In date order with current position first.

<b>Position</b>	<b>School</b>	<b>Subjects and Levels Taught</b>	<b>Duties Commenced</b>	<b>Duties Ceased</b>

**I. OTHER TEACHING SUBJECTS**

State other teaching subjects you are able to offer and are prepared to teach if required

.....  
.....  
.....

**J. EXTRA CURRICULAR ACTIVITIES:**

What extra-curricular activities are you interested in assisting with or developing?

.....  
.....  
.....

**K. VERBAL REFEREES**

Please list 3 people prepared to act as verbal referees if/when contacted by QMC.

1. **Name:**

\_\_\_\_\_

**Position:**

\_\_\_\_\_

**Contact  
Details:**

\_\_\_\_\_

2. **Name:**

\_\_\_\_\_

**Position:**

\_\_\_\_\_

**Contact  
Details:**

\_\_\_\_\_

3. **Name:**

\_\_\_\_\_

**Position:**

\_\_\_\_\_

**Contact  
Details:**

\_\_\_\_\_

I consent to Queen Margaret College seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released to those persons involved with the recruitment and selection process of the Queen Margaret College Board of Governors, but otherwise  **YES**  **NO** held in strictest confidence.

**L. STATISTICAL INFORMATION**

Where did you hear of this vacancy? (please tick one)	QMC Website	IB Website	ISNZ Website	Dominion Post	Education Gazette
Others: Please Specify					

**M. HEALTH AND SAFETY**

The following information is required to assist the School to meet its obligations under the Health and Safety in Employment Act 1992 and the Injury Prevention Rehabilitation and Compensation Act 2001, and to assess your ability to perform the duties of the position safely.

<b>Do you suffer from or have you suffered from any injury or medical condition caused by gradual process, disease or infection (eg repetitive strain injury, occupational overuse syndrome, back injury or strain, hearing loss, sensitivity to chemicals) which this job may aggravate or contribute to?</b>	<b>YES</b>	<b>NO</b>
If you answered 'Yes' please provide details:		
<b>Do you have any health condition which could affect your ability to do this job?</b>	<b>YES</b>	<b>NO</b>
If you answered 'Yes' please provide details:		

**Declaration:** *'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.'*

**Signed:** ..... **Date:** .....

**N. CRIMINAL RECORDS**

As an educational institution those working within the School are placed in positions of trust. The School therefore requests that you answer the following questions.		
The School may decide to check your record for criminal convictions and/or your credit status. Do you consent to such a check?	<b>YES</b>	<b>NO</b>
Have you <b>ever</b> been convicted of a crime in New Zealand or in any other country?	<b>YES</b>	<b>NO</b>
Are there any charges against you yet to be heard?	<b>YES</b>	<b>NO</b>
If you answered 'Yes' to either or both of the above questions please provide details:		

**O. POLICE VETTING CHECK**

Please note, in addition to completing an application form for any teaching position at Queen Margaret College, you are required to give permission initially for Police Vetting check to be conducted if required. Should your application for this position be successful the offer of employment remains conditional until such time as this has been completed and is satisfactory.

**Applicant Statement re Police Vetting:**

*'I give my consent for Police Vetting Check to be carried out and the necessary information to be accessed.'*       **YES**  **NO**

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**APPLICANT STATEMENT:**

I \_\_\_\_\_ do certify that the above information is full and correct. I understand that if any false information is given or any material fact suppressed I may be disqualified from consideration or if appointed I may be dismissed.

*Please do not send folders or original documents as these will not be returned.*

**Signature of  
Applicant:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**For Office Use Only:**

- |  |  |
|--|--|
| <input type="checkbox"/> Teachers Collective     | <input type="checkbox"/> Teachers Individual     |
| <input type="checkbox"/> Non-Teachers Collective | <input type="checkbox"/> Non-Teachers Individual |
| <input type="checkbox"/> Pre-School Individual   |  |
| <input type="checkbox"/> Full-time               | <input type="checkbox"/> Part-time               |
| <input type="checkbox"/> Permanent               | <input type="checkbox"/> Fixed Term              |
| <input type="checkbox"/> Long Term Relieving     | <input type="checkbox"/> Casual Relieving        |