

Application for Appointment

IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position with our school. Please ensure you have a copy of the advertisement and person specifications before completing this application.

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. Please attach a letter of application and your curriculum vitae. If you include written references, please note that we may contact the writers of the references. Proof of qualifications will be required if appointed.
3. **We do require this form, your CV, and a covering letter. They can be sent electronically (office@warkworth.school.nz) or by mail. It is your preference.**
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 Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.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. Shortlisted applicants will be asked to give consent to a police vet. It is a requirement in the Education Sector for all employees to be vetted.
7. In terms of a Criminal Conviction, the Criminal Records (Clean Slate) Act 2004 provides certain convictions do not have to be disclosed providing:
 - You have not committed any offence within 7 (consecutive) years of being sentenced for the offence **and**
 - You did not serve a custodial sentence at any time (this would exclude serious offences such as murder, manslaughter, rape and causing serious bodily harm) **and**
 - The offence was not a specified offence (specified offences are in the main sexual in nature) **and**
 - You have paid any fine or costsCustodial sentences include a sentence of preventive detention and corrective training. Non-custodial sentences include fines, reparation orders, community-based sentences and suspended sentences. Please note that you are not obliged to disclose convictions if you are an eligible individual but can do so if you wish. If you are uncertain as to whether you are eligible contact the Ministry of Justice.
8. 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.
8. Timeline: Position advertised Online Education Gazette: 31 January 2020
Applications close: Thursday 27 February 2020 at 3.00pm
Interviews: Monday 2 March and Thursday 5 March 2020

If you have any queries, please contact Cynthia Holden, Principal.

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

WARWORTH SCHOOL

APPLICATION FOR APPOINTMENT

Position applied for

--

Tick One

Mr Mrs Ms Miss

Or other preferred title:

Surname/Family Name

First Names (in full)

--	--

Any other names known by:

--

Full Postal Address

--

Contact Telephone Number

Private:	Business:
----------	-----------

Eligibility

I am legally eligible to work in New Zealand by virtue of being:

- A citizen of New Zealand
 A permanent resident of New Zealand
 A holder of a current Work Permit

Expiry date for my work permit is

[Evidence of your right to work will need to be sighted if short-listed for interview.]

Have you ever had a criminal conviction? Yes No

(convictions that fall under the clean slate scheme do not have to be disclosed)

If Yes, please detail:

Have you ever received a police diversion for an offence? Yes No

If Yes, please detail:

<p>Have you ever been convicted of a driving offence that resulted in temporary or permanent loss of licence, or imprisonment?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please detail:</p>	
<p>Are you awaiting sentencing / currently have charges pending?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please state the nature of the conviction / cases pending:</p>	
<p>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?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please elaborate:</p>	
<p>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?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please elaborate:</p>	
<p>Do you have a current driver's licence?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Have you ever been the subject of any concerns involving student safety?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please detail:</p>	
<p>Have you had any injury or medical condition caused by gradual process, disease or infection, stress or repetitive strain injuries, which the tasks of this position may aggravate or contribute to?</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please detail:</p>	
<p>Please note that if you are selected for an interview, you will need to bring photographic proof of identity.</p>	

Teacher Registration

Teacher Registration No:	Expiry Date:
Teacher Registration Category:	Full <input type="checkbox"/> Provisional <input type="checkbox"/> Subject to Confirmation (STC) <input type="checkbox"/>

Educational Qualifications: (Record your highest qualification first)

Title of Qualification: Education Provider: Date Conferred:
Title of Qualification: Education Provider: Date Conferred:
Title of Qualification: Education Provider: Date Conferred:
Title of Qualification: Education Provider: Date Conferred:

Previous Employment: (*Show most recent employer first*)

Name and address of employer: From: _____ To: _____ Position Title: Duties: May we contact this employer Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and address of employer: From: _____ To: _____ Position Title: Duties: May we contact this employer Yes <input type="checkbox"/> No <input type="checkbox"/>
Name and address of employer: From: _____ To: _____ Position Title: Duties: May we contact this employer Yes <input type="checkbox"/> No <input type="checkbox"/>

Referees (*Preferably previous employers*):

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 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.

Name: Position: Organisation: Phone:
Name: Position: Organisation: Phone:
Name: Position: Organisation: Phone:

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. <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
I authorise the Board, or nominated representative, permission to access any information held by the Education Council of Aotearoa New Zealand (EDUCANZ) or any other educational institution, including information regarding matters under investigation, to gather information regarding my suitability for appointment to the position. <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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 in terms of the Privacy Act 1993 that I have authorised access to referees.

Signature of Applicant

Date

Note *If completing this electronically a hard copy (signed) must be provided*