



Teaching Position Application Form

Please email to:	Blair Johnston Principal Pokeno School principal@pokeno.school.nz
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Position applied for:	
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Personal Details

Surname	
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Given names	
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Preferred name	
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Address	

Date of birth	
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Contact details	home		work	
	mobile		email	

Certificated Teacher Status	<input checked="" type="checkbox"/>	Registration No.	Expiry date
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Fully certificated			
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Provisionally certificated			
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Subject to confirmation			
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Present Teaching Position

School & teaching level	
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Date appointed	
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Type of appointment	
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Can we contact your principal about this position?	yes	no	
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If no, please state reason.

Educational Qualifications	Type of qualification	Date received	Received from

Details of Training and Service
Please include details of your work history for the last 5 years.

school	position	dates	class level

Please indicate any breaks in service and give reasons, e.g. overseas travel:

dates	reason for break

Total certificated service

A	In permanent positions		years		months
B	In relieving positions		years		months

Professional Development
Please provide a summary of recent professional learning and development.

Confirmation

1	<p>I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked.</p> <p>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 dismissed.</p>	yes	no
2	<p>I am currently registered to teach in New Zealand.</p>	yes	no
3	<p>In accordance with the Privacy Act, I authorise the board of trustees to:</p> <ul style="list-style-type: none">• Obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the board• Obtain information in relation to my application from persons not listed as referees, and I consent to these persons disclosing pertinent information to the board.• Contact the Education Council.	yes	no
4	<p>Have you had any injury or medical condition caused by gradual process, disease or infection, which the tasks of this position may aggravate or contribute to or may impact on your ability to carry out the role?</p> <p><i>If yes, please give details:</i></p>	yes	no
5	<p>Have you ever been the subject of a complaint about the safety of a student?</p> <p><i>If yes, please give dates and details:</i></p>	yes	no
6	<p>Have you ever been convicted of an offence against the law (excluding minor traffic convictions).</p> <p>Do you have any pending charges of an offence against the law?</p> <p><i>If yes, please give dates and details:</i></p>	yes yes	no no

7	I know of no reason why I would not be suitable to work with children or young people.	true	false
<p><i>Please note: If completing and sending this form electronically please type your name in the box below. By forwarding this application to the email address at the top of the page you are acknowledging that all of the information you have completed is, to the best of your knowledge, true and correct.</i></p>			
Applicant's signature			Date

Referees

Please provide the names and contact details of three referees below. Referees' reports are confidential to the board. Referees will only be contacted for candidates who are short-listed.

referee's details

Full name			
Relationship to the applicant		Position	
Contact details	private		work
	mobile		email

referee's details

Full name			
Relationship to the applicant		Position	
Contact details	private		work
	mobile		email

referee's details

Full name			
Relationship to the applicant		Position	
Contact details	private		work
	mobile		email