

Reefton Area School

Senior PE / Health Maternity Leave Position

Teacher: Fulltime Fixed-Term Maternity Leave (One Year)

A fixed-term maternity leave vacancy exists for an enthusiastic teacher to work with senior students at our school. Teaching duties include senior Physical Education and Health programme delivery for Year 7-13 students.

Enjoy the benefits of the area school network. A supportive community, small class sizes and access to quality experiences in the outdoors.

Experience with NZQA and NCEA requirements is desirable.

Our new staff member will add to the pastoral support and care of our students. Our school is committed to School Wide Positive Behaviour for Learning. The successful candidate will be expected to support school-wide initiatives.

Contributing to the corporate life of the school is an important role for teaching staff. It is expected that the successful candidate will involve themselves in school wide responsibilities

Timeline:

- Applications close on Monday 10th of August at 3:00 p.m.
- Shortlisting completed and applicants receiving interviews will be contacted by Wednesday 12th of August.
- Interviews completed, and employment offer made by Monday the 17th of August.
- Employment preferably commences as soon as possible. Some flexibility exists.

Application Documents Required:

- A cover letter.
- Your C.V.
- The completed and signed Application Form.

Thank you

Wayne Wright
Principal

Application Form

RAS Senior PE/Health Fixed Term Position

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 name(s)? (if yes please provide below) Yes No

Full postal address

Email address

Contact telephone numbers

| | |
|--------------------------------|--------------------------------|
| Personal: <input type="text"/> | Business: <input type="text"/> |
|--------------------------------|--------------------------------|

Identity Verification, Criminal Record and Right to Work

Please tick the appropriate boxes:

| | | |
|---|------------------------------|-----------------------------|
| <u>Immigration information</u> | | |
| 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"/> |

| |
|---|
| <p>Have you ever had a criminal conviction? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please detail:</p> <p><i>(A board may not employ or engage a children's worker who has 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></p> |
| <p>Have you ever received a police diversion for an offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please detail:</p> |
| <p>Have you ever been discharged without conviction for an offence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please detail:</p> |
| <p>Do you have a current New Zealand driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
| <p>Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please detail:</p> |
| <p>Are you awaiting sentencing or do you have charges pending? 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 your ability to do the job? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", please detail:</p> |
| <p>Have you ever been the subject of any concerns involving child safety? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes" please detail:</p> |
| <p>Have you had any injury or medical condition that may affect your ability to carry out duties as a classroom teacher Yes <input type="checkbox"/> No <input type="checkbox"/> or</p> <p>have you had an injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome which the tasks of this position may aggravate or contribute to? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "Yes", please detail:</p> |

Practicing Certificate:

Do you hold a current practising certificate from the Teaching Council of Aotearoa New Zealand? Yes No

Please enter your registration number:

Educational Qualifications

| | Name | Location | Number of years completed | Highest Qualification Gained |
|------------|------|----------|---------------------------|------------------------------|
| University | | | | |
| | | | | |
| Other | | | | |

Employment History

Please list your work experience for the last five years beginning with your most recent position. Please explain any gaps in employment. If you were self-employed, give details. Attach additional sheets if necessary.

| Period worked (please specify the start and end dates) | | Employer's name (or reason for gap in employment) | Position held | Reason for leaving |
|---|----------|--|---------------|--------------------|
| Start date | End date | | | |
| | | | | |
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Referees

Please provide the names of three people who could act as referees for you. One of these could be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below. 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 | Position/ Relationship | Landline (preferred) | 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 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"/> |

Appointment Criteria

Specific Curriculum Strength

Briefly outline your experiences in the delivery of senior PE/Health programmes.

Leadership within a School

Please give details of any areas you have had leadership experience, in any previous positions you have been employed.

Involvement in Extra-Curricular Activities

What areas are you prepared to offer your skills and support in?

Teaching Practice

What do you consider to be the top three priorities in successful school practice?

Outside Interests and Hobbies

Details of activities and/or positions held:

I certify that:

- The information I have supplied in this application is true and correct.
- I confirm in terms of 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 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:

Application close at 3:00 p.m. on Monday the 10th of August 2020

Addressed to: Appointment Application
 The Principal
 Reefton Area School
 10 Victory Street
 Reefton

Or Email to: waynewright@ras.school.nz or office@ras.school.nz