

# TEACHING POSITION APPLICATION FORM

*Please post or email to:*

Cashmere High School  
 172 Rose Street  
 Christchurch 8024  
[office@cashmere.school.nz](mailto:office@cashmere.school.nz)

**Position applied for:**

## PERSONAL DETAILS

|                 |        |  |       |
|-----------------|--------|--|-------|
| Surname         |        |  |       |
| Given names     |        |  |       |
| Preferred name  |        |  |       |
| Address         |        |  |       |
|                 |        |  |       |
|                 |        |  |       |
| Date of birth   |        |  |       |
| Contact details | HOME   |  | WORK  |
|                 | MOBILE |  | EMAIL |

| Certificated Teacher Status | <input checked="" type="checkbox"/> | Registration No. | Expiry date |
|-----------------------------|-------------------------------------|------------------|-------------|
| Certificated teacher        | <input type="checkbox"/>            |                  |             |
| Provisionally certificated  | <input type="checkbox"/>            |                  |             |
| Not certificated            | <input type="checkbox"/>            |                  |             |

| Present Teaching Position |  |
|---------------------------|--|
| School                    |  |
| Date appointed            |  |
| Type of appointment       |  |

Can we contact your principal about this position? YES NO

| Educational Qualifications | Type of qualification | Date received | Received from |
|----------------------------|-----------------------|---------------|---------------|
|                            |                       |               |               |
|                            |                       |               |               |
|                            |                       |               |               |

## Employment History

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 |
|-------|------------------|
|       |                  |
|       |                  |
|       |                  |

## CONFIRMATION

|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> | <p>I certify that the information given in this application is, to the best of my knowledge, 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 dismissed.</p> <p>I understand the information submitted and collected for this appointment process will be stored at the school site, and accessible to the Appointment Committee, Executive Officer and Principal's PA.</p> | Yes | No |
| <b>2</b> | I am currently registered to teach in New Zealand.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes | No |
| <b>3</b> | <p>In accordance with the Privacy Act, I authorise the Board of Trustees to:</p> <ul style="list-style-type: none"> <li>• Obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the board.</li> <li>• 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.</li> <li>• Contact the Education Council.</li> </ul>                    | Yes | No |

**STUDENT SAFETY** [*Cross out the statements that don't apply to you.*]

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- I have never been the subject of a complaint about the safety of a student
- I have been the subject of a complaint about the safety of a student.  
*Please give dates and details*

**OFFENCES AGAINST THE LAW** [*Cross out the statements that don't apply to you.*]

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- I have never been convicted of an offence against the law (excluding minor traffic convictions).
- I have been convicted of an offence against the law.  
*Please give dates and details:*
- I have pending charges of an offence against the law.  
*Please give dates and details:*

6

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

TRUE

FALSE

7

I do not have any health issues that would impede my ability to successfully undertake the duties and responsibilities as outlined in the current job description for the position for which I am applying (*if false, please give details below*):

I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation for Accident Compensation Corporation or the Cashmere High School Board of Trustees' workplace accident insurer.

TRUE

FALSE

By signing below, I confirm that all of the above answers and information provided is true and correct.

-----  
*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 1 DETAILS

|                               |         |  |       |  |
|-------------------------------|---------|--|-------|--|
| Full name                     |         |  |       |  |
| Position                      |         |  |       |  |
| Relationship to the applicant |         |  |       |  |
| Contact details               | PRIVATE |  | WORK  |  |
|                               | MOBILE  |  | EMAIL |  |

## REFEREE 2 DETAILS

|                               |         |  |       |  |
|-------------------------------|---------|--|-------|--|
| Full name                     |         |  |       |  |
| Position                      |         |  |       |  |
| Relationship to the applicant |         |  |       |  |
| Contact details               | PRIVATE |  | WORK  |  |
|                               | MOBILE  |  | EMAIL |  |

## REFEREE 3 DETAILS

|                               |         |  |       |  |
|-------------------------------|---------|--|-------|--|
| Full name                     |         |  |       |  |
| Position                      |         |  |       |  |
| Relationship to the applicant |         |  |       |  |
| Contact details               | PRIVATE |  | WORK  |  |
|                               | MOBILE  |  | EMAIL |  |