**Application Form**

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| Position applied for | Location |
| Permanent Scale A Teacher | Manakau School |

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| Surname/Family Name | First Names (in full) |
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| Full Postal Address and Email |
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| Contact Telephone Number | |
| Home: | Cell: |

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| Registered Teacher Status | Tick | Registration No. |
| Fully Registered Teacher |  |  |
| Provisionally Registered Teacher |  |  |
| Not Registered |  |  |

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| Please tick ( or colour fill) the appropriate boxes |
| Are you a New Zealand citizen? Yes No  If not, do you have resident status, or Yes No  A current work permit? Yes No |
| 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 |
| Have you ever been convicted of a driving offence which Yes No  resulted in temporary or permanent loss of licence or imprisonment?  If “Yes” please detail: |
| Are you awaiting sentencing/currently have Yes No  charges pending?  If “Yes”, please state the nature of the conviction/cases pending: |
| In addition to the other information provided are there any Yes No  other factors that we should know to assess you suitablility  for appointment and ability to do the job?  If “Yes”, please elaborate: |
| Have you had any injury or medical condition caused by gradual Yes No  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?  If “Yes”, please detail: |
| Do you have a current New Zealand driver’s licence? Yes No |

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| **Work Experience**  Please list your work experience for the last 5 years beginning with your most recent | | | |
| Period Worked  (from….to….) | Employers Name | Position Held | Reason for leaving |
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| Education Qualifications | | |
| Name | Location | Highest Qualification Gained |
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| **Referees**  Please provide the names and contact details of two referees below.  Referee’s reports are confidential to the Board. Referees will only be contacted for candidates who are short listed. |
| Referee’s Details  Full Name:  Position:  Relationship to the applicant:  Contact Numbers – Work:  Contact Numbers – Private:  Contact Numbers – Cell: |
| Referee’s Details  Full Name:  Position:  Relationship to the applicant:  Contact Numbers – Work:  Contact Numbers – Private:  Contact Numbers – Cell: |

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| 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 | No |
| 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 organisation, including information related to my suitability for appointment to the position. | Yes | No |

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| **Confirmation** |
| 1. I certify that the information given in this application is, to the best of my knowledge, correct. I understand that the claims made in my application may be checked. 2. In accordance with the Privacy Act, I authorise the Board of Trustees to obtain further information from the referees disclosing such information to the Board. 3. I authorise the Board of Trustees to make inquiries in relation to my application and consent to the disclosure of information to the Board by such persons to who enquiry is made, on matters pertinent to this appointment. |
| Applicant’s Signature:  Date: |