

Position:

Application Form

		Personal Details		
Surname:				
Given names:				
Address:				
Contact phone:	home	work		mobile
Previous names:				
Documentation to verify	v name change.	s will be requested for	shortlisted (candidates.
Registered Teacher St	atus		√	Registration No.
Tuturu: fully certificated	teacher			
Pumau: fully certificated	teacher			
Tomua: provisionally cert	tificated teacher			

Present Teaching Position				
School:				
Date appointed:				
Type of appointment: (please circle)	Permanent	Full time	Part time	Relieving

CONFIRMATION STATEMENT

- 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. I am registered to teach in New Zealand and hold a current practicing certificate.
- 3. There are / are not (*please circle*) previous or current matters before the Teaching Council of Aotearoa New Zealand concerning my certification. *Please provide details if there are any matters before the Teaching Council.*
- 4. In the previous 12 months, I have had no concerns raised with me regarding my conduct or competence (Code and Standards of the Teaching Profession) or as a result of my interactions with children (Children's Act 2014).
- 5. In accordance with the Privacy Act, I authorise the Board of Trustees to obtain further information from the referees listed in this application and I consent to the referees disclosing such information to the board.
- 6. 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 any such persons to whom enquiry is made, on matters pertinent to this appointment.
- 7. Offences against the law: Cross out the statement that doesn't apply to you.
 - 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, punishable of imprisonment three months or more. (Please give details and dates):

Applicants signature:	 	Date:	

Referees

Please provide the names and contact details of three referees below.

Referee's reports are confidential. Referees will only be contacted for candidates who are short-listed.

Referee #1 Details

Full Name:

Position:	
Relationship to the applicant:	
Contact Telephone - Work:	
Contact Telephone - Private:	
Contact Telephone - Mobile	
Referee #2 Details	
Full Name:	
Position:	
Relationship to the applicant:	
Contact Telephone - Work:	
Contact Telephone - Private:	
Contact Telephone - Mobile	
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Referee #3 Details

Full Name:	
Position:	
Relationship to the applicant:	
Contact Telephone - Work:	
Contact Telephone - Private:	
Contact Telephone - Mobile	