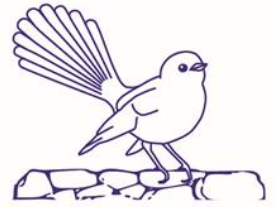


# APPLICATION FOR APPOINTMENT



*The Freedom to Soar  
Tukuna kia rere*

**TO: PRINCIPAL**

**POSITION APPLIED FOR: DEPUTY PRINCIPAL**

## PERSONAL DETAILS:

Name:

Work Phone:

Address:

Mobile Phone:

Email:

Registration No:

Expiry Date:

## PRESENT EMPLOYER:

Name of present employer:

Address:

Work Phone:

Other Phone:

Position held:

Date commenced:

## REFEREES: (Note: at least one of these should be able to attest to your most recent work performance)

①

Name:

Work Phone:

Address:

Mobile Phone:

Position:

Email:

②

Name:

Work Phone:

Address:

Mobile Phone:

Position:

Email:

③

Name:

Work Phone:

Address:

Mobile Phone:

Position:

Email:

## TERTIARY EDUCATION QUALIFICATIONS

Institution attended	Year	Qualifications attained	Date awarded

## TEACHING SERVICE (list all schools and positions):

Position	Salary Scale	School	Date from	Date to

## PROFESSIONAL MEMBERSHIPS

Please given details below:

## OTHER INFORMATION

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Are you aware of any injury or medical condition which this job may aggravate or contribute to or know of any reason why you might have difficulty effectively carrying out the job description attached? If yes, please give details below:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Do you have a current New Zealand Driver's License?

Do you give permission for your police record to be checked?

Are you a New Zealand citizen?

If not, do you have residential status?

Do you have a current work permit?

Have you changed your name by deed poll / statutory declaration?

Other names known by:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been the subject of any concerns involving child safety? If "yes" please give details:

\_\_\_\_\_

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you hold a current practising certificate from the Teaching Council of Aotearoa New Zealand?

Please enter your registration number:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

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? If yes, please detail:

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## DECLARATION:

Yes	No

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE AGAINST THE LAW? have you received police diversion for an offence, have been discharged without conviction, are awaiting sentencing or have charges pending, or have ever been convicted of a driving offense which resulted in temporary or permanent loss of license, or imprisonment, or know of any reason why you should not be employed to work in a school environment?

*(A board may not employ or engage a children's worker who has been convicted of any offence specified in Schedule 2 of the Children's Act 2014. The Clean Slate Act does not apply to schedule 2 offences.)*

**If yes to any of the above, please detail:**

APPLICANT'S SIGNATURE:

**Note:** If completing this form electronically, a signed hard copy must be provided at interview.

I certify that:

- The information I have supplied in this application is true and correct
- I confirm in terms of the Privacy Act 2020 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:

## PRIVACY ACT 2020 (To be signed by the Applicant)

This Application is submitted with the understanding that any further information given is for the use of the employer and their authorised representatives who may at any time have access to this information.

Furthermore, consent is given for members of the appointment committee to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for the position of Deputy Principal at this school including accessing any information used by The Teaching Council of Aotearoa New Zealand.

APPLICANT'S SIGNATURE:

DATE