

# TEACHER AIDE/LEARNING SUPPORT POSITION APPLICATION FORM

**Please post or email to:**

Principal  
Grantlea Downs School  
65 Grants Road  
Timaru 7910 or  
[office@grantleadowns.school.nz](mailto:office@grantleadowns.school.nz)

**Position applied for:** Teacher Aide/Learning Support Fixed Term

## PERSONAL DETAILS

Surname				
Given names				
Preferred name				
Address				
Contact details	HOME		WORK	
	MOBILE		EMAIL	

Educational Qualifications (if applicable)	Type of qualification	Date received	Received from

PERIOD WORKED	EMPLOYERS NAME	POSITION HELD

**Details of Training and Service** Please include details of your work history for the last 5 years.

# CONFIRMATION

1	I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked.	YES	NO
	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.		

2	In accordance with the Privacy Act, I authorise the board of trustees to:	YES	NO
	<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> </ul>		

3	<b>OFFENCES AGAINST THE LAW</b> <b>[Cross out the statements that don't apply to you]</b>		
	<ul style="list-style-type: none"> <li>I have never been convicted of an offence against the law (excluding minor traffic convictions).</li> <li>I have no pending charges of an offence against the law.</li> <li>I have been convicted of an offence against the law. <i>Please give dates and details:</i></li> <li>I have pending charges of an offence against the law. <i>Please give dates and details:</i></li> </ul>		

	<b>PHYSICAL RESTRAINT CERTIFICATE</b>	YES	NO
	Have you completed the Physical Restraint Certificate		
	If you answered NO above, are you willing to undertake the Ministry of Education Training if required? (on-line module)	YES	NO

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'S DETAILS				
Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	

REFEREE'S DETAILS				
Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	

REFEREE'S DETAILS				
Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
	MOBILE		EMAIL	