TEACHING POSITION APPLICATION FORM

Please post or email to: Principal

Grantlea Downs School 65 Grants Road Timaru 7910 or

office@grantleadowns.school.nz

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Position	ann	hail	tor.
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i osition appli	ca ioi.						
				PERSONAL DETAILS			
	Surname						
	Given names						
Pre	eferred name						
	Address						
Co	ontact details	НО	ME		WORK		
		MOE	BILE		EMAIL		
Certificated Teac	cher Status	✓	Re	gistration No.			Expiry date
Certificated teacher	r						
Provisionally certific	cated						
Not certificated							
Present Teachin	g Position						
School							
Date appointed							
Type of appointment							
Can we contact your principal about this position?			osition?	YES	NO		
		Тур	e of	qualification	Date received	Received from	m
Educational							
Qualifications							
						1	

Details of Training and Service Please include details of your work history for the last 5 years.						
SCHOOL	POSITION		DATES	CLASS LEVEL		
Please indi	icate any breaks in service and gi	ve reasons, e.g. overs	seas travel:			
DATES	REASON FOR BREAK					
Total certi	ficated service					
Α	In permanent positions	years		months		
В	In relieving positions	years		months		
	nal Development ide a summary of recent professiona	al learning and develop	ment.			

CONFIRMATION

	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.		
1	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.	YES	NO

2 I am currently registered to teach in New Zealand. YES NO

3	 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 Obtain information in relation to my application from persons not listed as referees, and I consent to these persons disclosing pertinent information to the 	YES	NO
	board.		
	Contact the Teaching Council.		

STUDENT SAFETY

4

5

[Cross out the statement that doesn't apply to you]

- 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]

- I have never been convicted of an offence against the law (excluding minor traffic convictions).
- I have no pending charges of an offence against the law.
- 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.					
		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			
Contact details	MOBILE	EMAIL			

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

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