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| **Office Administrator Position Application Form** | | | | | | | | |
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| ***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:** | | Office Administrator | | | | | | |
|  | | | | | | | | |
| **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 |
|  | | | | |  | |  |
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| Period Worked | Employers Name | Position Held |
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| **Details of Training and Service** Please include details of your work history for the last 5 years. |

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| **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.  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** |

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| 2 | 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 board. | **yes** | **no** |
| 3 | **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:* | | |

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|  | **Physical Restraint Certificate**  Have you completed the Physical Restraint Certificate | | | **yes** | **no** |
|  | If you answered NO above, are you willing to undertake the Ministry of Education Training if required? (on-line module) | | | **yes** | **no** |
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| *Applicant’s signature* | |  | *Date* | | |

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| **Referees** | | | | |
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| 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 |  |