

TEACHING POSITION APPLICATION FORM

Please post or email to:

Grantlea Downs School Appointments Committee
 Grantlea Downs School
 65 Grants Road
 Timaru 7910 or
position@grantleadowns.school.nz

Position applied for: Scale A Teacher Permanent 2025

PERSONAL DETAILS

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

Certificated Teacher Status	<input checked="" type="checkbox"/>	Registration No.	Expiry date
Certificated teacher	<input type="checkbox"/>		
Provisionally certificated	<input type="checkbox"/>		
Not certificated	<input type="checkbox"/>		

If not certificated are you in the process? What date will this occur?

Present Teaching Position	
School	
Date appointed	
Type of appointment	

Can we contact your principal about this position? YES NO

Educational Qualifications	Type of qualification	Date received	Received from

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	I am currently registered to teach in New Zealand.	YES	NO
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3	In accordance with the Privacy Act, I authorise the board of trustees to:	YES	NO
	<ul style="list-style-type: none"> 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. Contact the Teaching Council. 		

4	STUDENT SAFETY [Cross out the statement <u>that doesn't apply to you</u>]
	<ul style="list-style-type: none"> 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. <i>Please give dates and details:</i>

5	OFFENCES AGAINST THE LAW [Cross out the statements that <u>don't apply to you</u>]
	<ul style="list-style-type: none"> 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. <i>Please give dates and details:</i> I have pending charges of an offence against the law. <i>Please give dates and details:</i>

6	I know of no reason why I would not be suitable to work with children or young people.	TRUE	FALSE
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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? (on-line module through ESL)	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	

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Position				
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