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| **teaching position application form** | | | | | | | | | | | | | |
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| ***Please email to:*** | |  | The Principal  Cornwall Park District School  [admin@cpds.school.nz](mailto:admin@cpds.school.nz?subject=Teacher%20Application%20-%2023T2Y3-4) | | | | | | | | | | |
|  | |  |  | | | | | | | | | | |
| **Position applied for:** | | SCALE A TEACHER | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **personal details** | | | | | | | | | | | | | |
| Surname | |  | | | | | | | | | | | |
| Given names | |  | | | | | | | | | | | |
| Preferred name | |  | | | | | | | | | | | |
| Address | |  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Contact details | | home | | |  | | work | | |  | | | |
|  | | mobile | | |  | | email | | |  | | | |
|  | | | | | | | | | | | | | |
| **Certificated Teacher Status** | | ✓ | | **Registration No.** | | | | | | | | | Expiry date |
| Certificated teacher | |  | |  | | | | | | | | |  |
| Provisionally certificated | |  | |  | | | | | | | | |  |
| Not certificated | |  | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **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 | | |
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| **Details of Training and Service**  Please include details of your work history for the last 5 years. | | | | | | | |
| school | | position | | | | dates | class level |
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| Please indicate any breaks in service and give reasons, e.g. overseas travel: | | | | | | | |
| dates | | reason for break | | | | | |
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| **Total certificated service** | | | | | | | |
| **A** | In permanent positions | |  |  | years |  | months |
|  | |  | |  |  |  |  |
| **B** | In relieving positions | |  |  | years |  | months |
|  | | | | | | | |
| **Professional Development**  *Please provide a summary of recent professional learning and development.* | | | | | | | |
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| **confirmation** | | | | | |
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| **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** |
|  |  | | | | |
| **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 board. * Contact the Teaching Council. | | | **yes** | **no** |
|  | | | | | |
| **4** | **student safety  [*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:* | | | | |
|  | | | | | |
| **5** | **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. | | | **true** | **false** |
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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 |  |