

APPLICATION FORM

RELIEVING TEACHER (day-to-day)

SECTION 1: PERSONAL INFORMATION

Full Name: _____
 Former Name: _____
 Address: _____

 _____ Postcode _____
 Email: _____
 Home: () _____ Work: () _____
 Mobile: _____
 Date of Birth: _____

SECTION 2: QUALIFICATIONS

Qualifications: _____

NB If granted equivalency by the NZ Qualification Authority a copy of equivalency certificate must be enclosed

Teacher Registration No. _____ Expiry _____
 Current First Aid Certificate Yes / No Date Issued _____

VERIFY QUALIFICATIONS: Qualifications must be verified by a Justice of the Peace(JP), barrister or solicitor of the High Court, or Registrar or Deputy Registrar of the Court, and include evidence of change of name if applicable. The copy with original signature must be forwarded to the Association.

SECTION 3: PRIOR SERVICE

Dates from/to	Total Years & Months	Hours per week	Qualified Teacher? No/Yes	Position Title	Employer	Proof of Service attached

SECTION 4: REFEREES

Please supply the names and addresses of your most recent employer and two other persons (these persons could also be a previous employer) who can supply personal information for the purpose of determining your suitability for employment in a Kindergarten.

1. NAME:(Employer)
ADDRESS:

PHONE NO: EMAIL:

2. NAME:
ADDRESS:

PHONE NO: EMAIL:

3. NAME:
ADDRESS:

PHONE NO: EMAIL:

PERSONAL INFORMATION DISCLOSURE AUTHORITY

I, _____ **hereby authorise**
Kindergarten Taranaki to obtain personal information from any previous employer, training establishment, other agency or individual for the purpose of determining my suitability for employment in a Kindergarten.

This authority shall remain in force until such times as it is revoked in writing by me.

Applicant's signature: _____

Date: _____

SECTION 5: DECLARATIONS

TEACHER REGISTRATION DECLARATION:

Have you ever been dismissed from a teaching position in any country? YES / NO

Have you ever had teacher registration refused or cancelled in any country? YES / NO

Are there any matters for which you are currently under investigation which may call in to question whether you meet the Education Council's Good Character and Fit to be a Teacher Criteria? YES / NO

Applicant's Signature: _____ **Date:** _____

MEDICAL DECLARATION:

Please find detailed any illness or injury I have suffered that may affect my ability to effectively carry out the duties and responsibilities of the position.

I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace insurer.

Applicant's Signature: _____ **Date:** _____

CONVICTION DECLARATION:

Do you have a current drivers licence? YES / NO

Are you awaiting hearing of any charges for driving offences? YES / NO

Have you ever been charged with or convicted of an offence against the Law? YES / NO
(Apart from minor traffic violations).

If yes, please provide date and details of offence/s on a separate sheet. You may be asked to provide a copy of the relevant court records from the registrar of the court concerned.

Applicant's Signature: _____ **Date:** _____

PRIVACY ACT 1993

This application is submitted with the understanding that any information given is for the use of the employer who may at any time have access to this information. I agree to Kindergarten Taranaki approaching my referees for a written statement of my abilities in relation to this application and, should it be necessary, to seek verbal clarification. Furthermore consent is given for Kindergarten Taranaki to make enquiries of my present or past employers, colleagues or any other person who may assist in establishing my suitability for this position.

Applicant's Signature: _____ **Date:** _____

I _____ (full name) solemnly and sincerely declare that to the best of my knowledge the information given in this application is correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted or, if I am employed, I may be dismissed.

Applicant's Signature: _____ **Date:** _____