



PO Box 64437, Botany, Auckland 2163

P: 09 274 4086 W: www.sanctamaria.school.nz E: admin@sanctamaria.school.nz

APPLICATION FORM FOR POSITION OF English Teacher

Please complete all details and send with a copy of your Curriculum Vitae, covering letter and teaching qualifications / certificates (teachers only) to:
The Principal, Sancta Maria College, PO Box 64437, Botany, Auckland 2163
Or email to: T.Ganias@sanctamaria.school.nz
By Monday, 18 June 2018 (Monday) by 4pm

This application form is a source of information that will be used by Sancta Maria College to assist it in considering your suitability for the position of **English Teacher at Sancta Maria College**. Following completion of this appointment, information relating to the successful applicant/s shall form part of the school's personnel records and will be held at the school. Information relating to unsuccessful applicants will be destroyed upon confirmation of the appointment.

GENERAL INFORMATION:

Full Name: _____ **Title:** Ms/Mrs/Miss/Mr

Address: _____

Contacts: Home Phone: (0) _____ Mobile Phone: (0) _____
Work Phone: (0) _____ Email: _____

TEACHING STAFF ONLY:

Teacher Registration Number: _____ Expiry Date of your Practising Certificate: ___/___/___

OTHER INFORMATION:

Nationality / Citizenship: _____

Are you legally entitled to work in New Zealand?

YES NO

Please indicate your entitlement:

Resident Visa Work Permit

Do you have a full current New Zealand driver licence:

YES NO

PRESENT EMPLOYER:

Name of present employer: _____ Address: _____

Position: _____

School / Institution: _____ Email: _____

Position held: _____ Work Phone: (0) _____

Date commenced: _____ Other Phone: (0) _____

For the purpose of compliance with the Privacy Act 1993, do you consent to Sancta Maria College contacting your present employer for the purpose of reference checking? YES NO

REFEREES:

1
Name: _____ Home Phone: (0) _____
School / Institution: _____ Work Phone: (0) _____
Position: _____ Mobile Phone: (0) _____
Address: _____ Email: _____

2
Name: _____ Home Phone: (0) _____
School / Institution: _____ Work Phone: (0) _____
Position: _____ Mobile Phone: (0) _____
Address: _____ Email: _____

3
Name: _____ Home Phone: (0) _____
School / Institution: _____ Work Phone: (0) _____
Position: _____ Mobile Phone: (0) _____
Address: _____ Email: _____

TERTIARY EDUCATION QUALIFICATIONS

Institution attended	Year	Qualifications attained	Date awarded

EMPLOYMENT HISTORY (list all schools/ institutions and positions – last 10 years only):

Position	Salary Scale	School	Date from	Date to

PROFESSIONAL MEMBERSHIP/S

Please give details below:

DECLARATIONS

MEDICAL / HEALTH

Do you have any injury or illness that may affect your ability to effectively carry out the duties and responsibilities outlined in the job description? YES NO

If yes, please provide the details below:

Do you have or have had any other known physical or psychological condition that may affect your ability to carry out the duties and responsibilities outlined in the job description? YES NO

If yes, please provide the details below:

Do you suffer or have ever suffered from any illness or disability that you would like the Board of Trustees to know about (e.g. asthma, diabetes, high blood pressure)? YES NO

If yes, please provide the details below:

Do you agree to undertake a medical examination if required? YES NO

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 accident insurer.

Date:

Signature:

CHILD SAFETY (VCA)

Have you ever been convicted of a Safeguarding offence? YES NO

If yes, please provide the details below:

Have you ever been the subject of any concern(s) or a complaint(s) involving child safety during your employment history? YES NO

If yes, please provide the details below (please include details of how you responded to it too):

The Board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014. The Clean Slate Act does not apply to schedule 2 offences.

CONVICTIONS

Have you ever been convicted of any criminal offence (other than a minor traffic offence)? YES NO

If yes, please provide* the date and details of the offence(s), the penalty, or reason, together with any comments you may wish to make below (or on a separate sheet):

**Please note that you may be asked to provide a copy of the relevant court records available from the registrar of the court concerned.*

Failure to provide correct and true details of any conviction(s) or other reason(s) for possible unsuitability, will make you liable to dismissal from the employment of Sancta Maria College Board of Trustees should you be the successful applicant.

Are you currently awaiting sentencing or the hearing of any charges? YES NO

If yes, please provide the details below:

Have you ever received a police diversion for an offence? YES NO

If yes, please provide the details below:

Have you ever been discharged without conviction for an offence? YES NO

If yes, please provide the details below:

PRIVACY ACT 1993 / AUTHORITY TO APPROACH OTHER REFEREES

(To be ticked and signed by the Applicant)

This Application is submitted with the understanding that any further information given, is for the use of the employer and their **authorized** representatives who may at any time have access to this information.

- I authorise the members of the Sancta Maria College School Appointments Committee or its advisor(s)/ representative, permission to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for the position of **position** at this school.
- I authorise the members of the Sancta Maria College School Appointments Committee or its advisor(s)/ representative, permission to access any information held by Education Council of Aotearoa New Zealand (EDUCANZ) or any other educational organization, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position.

APPLICANT'S SIGNATURE: _____ DATE: _____

DECLARATION (To be signed by the Applicant)

I certify that

- I am registered (or provisionally registered) as a New Zealand teacher.
- I confirm, in terms of the Privacy Act 1993, that I have authorised access to referees.
- I know of no reason why I should not be suitable to work with children/ young people.
- To the best of my knowledge and belief, the information I have supplied in this application form and my CV is true, accurate and correct.
- I understand that if I have supplied any false or misleading information, or any material fact or/and any important information is suppressed or deliberately omitted, I may be disqualified from appointment, or if appointed/employed, my employment will be terminated.

APPLICANT'S SIGNATURE: _____ DATE: _____