## **APPLICATION FOR TEACHING APPOINTMENT**

То	1 / 3 / 3			ot Long Do	, Collogo	
as	advertised in the New Zealand Edu	ncation Gazette / newspaper please circle as appropriate		0 ,	J	
1.	Full name: (Surname)		(First Name[s])			
2.	Postal address:					
	Phone: Home: ema	Business:	Mobile:			
3.	Gender: Male/Female	Date of Birth:				
4.	In order to ensure your safety in our working environment, please supply details of existing medical condition(s):					
<ol> <li>6.</li> </ol>	Category of registration: Provisional / Subject to Confirmation / Full					
σ. Γ	Certificates, degrees and diplomas held	Organisation		Place	Date Conferred	

Continued /...

7.	Are you currently studying or planning to study for any qualifications?								
	Please give details:								
8.	Which subjects ar	Which subjects are you qualified to teach?							
9.	In which co-curricular activities are you able and willing to assist?								
10.	O. What is your current position and the date of your appointment?								
11.			f previous teaching service. Indicate F	Positions of Respons	ibility				
	where applicable:								
	Position	School	Subjects taught and levels	Duties Commenced	Ceased				
12.			e details of trade, commercial or admi						
	position, employer, place and inclusive dates of employment. (Please use a separate sheet if desired.)								
13.	Key areas of relevant experience for this position:								
4.4	Chudant as aumia		the most three consequences						
14.	Student co-curricular involvement during the past three years only:								
15.	Community/Sporting/Cultural interests:								
Cor	itinued								

	· ·	at you feel you posses	•	·		·		
7.		resses, phone numbe						
	May we disc	cuss references with p	ast or pres	ent employ	ers?			YES / NO
	May we con	tact your current or pro	evious emp	oloyers?				YES / NO
	Have you ha	ad any court conviction	ns in the las	st ten years	s?			YES / NO
	Are you curr	rently awaiting the hea	ring of any	charges?				YES / NO
		are if you have on any aland Teachers' Coun		een report	ed to or i	nvestigated b	у	YES / NO
	If so, please	provide details:						
		A New Zealand citize A New Zealand resident a New Zealand citized d Immigration Legislat	lent YES / en and if yo	NO ou do not h	A wo		der YES / nent reside	NO
		Do you have a work	permit?	YES / N	NO	Expiry Date:	/_	/
	If your applic	cation is successful, w	hen could	vou start w	ork?			
	You are requ	uired to provide photo sport or driver's licence	graphic evi					
ec	laration:							
е	and correct.	I accept that should royment and falsificatio	ny applicat	ion be suc	cessful, t	he foregoing	information	
gr	nature:				D	ate:		
n	tinued							

## **Privacy Act Authorisation:**

This Authorisation Form is required to empower the Board of Trustees appointed sub-committee to contact the writer of any reference, any nominated referee or any other person to seek elaboration of any aspect of the written information forwarded on behalf of the applicant, or to make other enquiries the Board considers appropriate.

appropriate.
The form also authorises the Board to advise unsuccessful applicants of the name of the successful applicant after the successful applicant has been advised of their selection.
I,
Signature: Date:

Information provided on this form is used to assist in appointing the best person. This information will be kept in the personal file (in a locked filling cabinet in the Principal's Personal Assistant's office) for successful applicants. It will either be returned or destroyed for unsuccessful applicants. The information is accessible to the Principal and the applicant only. It may be updated or amended by the applicant on request.

## **CONSENT TO DISCLOSURE OF CONVICTIONS**

The Long Bay College Board of Trustees may forward this to the police for a routine check

The Liaison Officer Information and Communications Bureau Police National Headquarters WELLINGTON						
I,						
(First names)	(Surname/Family name)					
	(Maiden or any other names used)					
Gender: Male / Female Date and place of birth:						
Nationality: Address:						
hereby consent to the disclosure by the New Zealand Police of any convictions I may have pursuant to this application.						
(N.B.: Such a disclosure may NOT include information relating to any discharge under Section 19 of the Criminal Justice Act 1985, or Section 247 of the Crimes Act 1961, or Section 282 of the Childrens and Young Persons and their Families Act 1989).						
Signed: Date:						