



Application for Appointment

Note: An appointment is subject to a full certification check, Police vet, Identity check and qualifications check (as applicable).

Position applied for	
Personal Details	Title: (please tick one, or write other preferred title) Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/>
	Surname/family name:
	Maiden name (if applicable):
	First names (in full):
Full postal address	
Contact Telephone No.	Private:
	Business:
Email address	
Qualifications	Teaching Qualification:
	Institution:
	Other Tertiary (or Higher Teaching) Qualification:
	Other awards or certificates:
Present Appointment	Employer:
	Position Held:
	Time in Position:

Registration:	Registration number:
	Expiry date:
	Provisional/Full/Subject to Confirmation?

Teaching Position (please outline most recent employment history)	Position	Class level	School

Referees (Please provide the names of two people who could act as referees for you. At least one must be able to attest to your most recent work performance)	Name:	Name:
	Position held:	Position held:
	Address:	Address:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Fax:	Fax:
	email:	email:

Citizenship, Offences, Convictions and Safety	Are you a New Zealand citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If not, do you have resident status, or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	A current work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever had a criminal conviction? (convictions that fall under the clean slate scheme do not have to be disclosed)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you ever received a police diversion for an offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you been convicted of a driving offence which resulted in temporary or permanent loss of license, or imprisonment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Are you awaiting sentencing/ currently have charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been the subject of any	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

	concerns involving student safety?		
	In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Do you have a current driver's license?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	If yes to any of the above, please provide detail:		
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	I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	I authorise the Board, or nominated representative, permission to access any information held by the Education Council, including matters under investigation, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Declaration	I declare, that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given or any material fact suppressed, I may not be appointed or, if employed, I may be dismissed.	
	Signed:	Date:

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