

**Scale A - APPLICATION FOR APPOINTMENT**

**Name**: \_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone**: (home) (mobile) (work)

**Email**:

**I am applying for the following position/s:**

**Qualifications**

|  |  |  |
| --- | --- | --- |
| Degrees, Diplomas, Certificates | Date | Institution |
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|  |  |  |
|  |  |  |

What is your current position and the date of your appointment?

**Educational Experience**

Please give details in date order of previous work experience and length of service within the education field:

|  |  |  |  |
| --- | --- | --- | --- |
| Position | School/Employer | Started | Finished |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Teacher registration number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Declaration**

In addition to other information provided, are there any other factors, medical, mental health related, criminal or otherwise that we should know in order to assess your suitability for appointment?

Yes / No (circle one). If yes, please elaborate:

Do you currently, or have you at any time been involved in a competency or formal advice and guidance programme at a previous job?

Yes / No (circle one). If yes, please elaborate on a separate sheet of paper.

Do you or have you at any time had your Teacher Registration withheld or been under an agreement with the NZ Teachers’ Council?

Yes / No (circle one). If yes, please elaborate on a separate sheet of paper.

I, (full name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that to the best of my knowledge the answers and the information given in this application are correct and I understand that if any false or misleading information is given, or any material suppressed I will not be accepted, or if I am employed, my employment will be terminated.

Signature: Date:

**Curriculum Vitae**

Please present your Curriculum Vitae on A4 loose leaves for ease of photocopying.

Please forward your application to:

Clevedon School

13–17 North Road

Clevedon

Email vacancies@clevedonschool.co.nz

**Applications must be received by 4pm on Friday 20th March 2015**

**Referees**

Please provide names, addresses and work phone numbers of three people whom you have contacted for confidential references. Please state why you have chosen them.

**Name:**

**Position:**

**Address:**

**Telephone: (hm)** **Other**

**Reason:**

**Name:**

**Position:**

**Address:**

**Telephone: (hm)** **Other**

**Reason:**

**Name:**

**Position:**

**Address:**

**Telephone: (hm)** **Other**

**Reason:**

**Privacy Act 1993**

*This application is submitted on the understanding that any information given is for the use of the employer and their authorised representatives who may at any time have access to this information. I agree to the Board of Trustees and Principal approaching my referees for a written statement of my abilities in relation to the application and, should it be necessary to, seek verbal clarification from the above referees on points that may need further explanation. Furthermore consent is given for members of the Board of Trustees 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 teacher at Clevedon School.*

Signature: Date:

If completing this form electronically please type your full name below in lieu of a signature.

Name: Date