TEACHING POSITION APPLICATION FORM

Please post or email to:

Application Green Bay School PO Box 80 070 Green Bay Auckland 0604 marilyn@greenbay.school.nz

Position applied for:

PERSONAL DETAILS					
Surname					
Given names					
Preferred name					
Address					
Contact details	HOME		WORK		
	MOBILE		EMAIL		

Certificated Teacher Status	\checkmark	Registration No.	Expiry date
Certificated teacher			
Provisionally certificated			
Not certificated			

Present Teaching Position				
School				
Date appointed				
Type of appointment				
Can we contact your principal ab	out this position?	YES	NO	

	Type of qualification	Date received	Received from
Educational			
Qualifications			

Details of Training and Service Please include details of your work history for the last 5 years.						
SCHOOL	POSITION		DATES	CLASS LEVEL		

Please indicate any breaks in service and give reasons, e.g. overseas travel:

DATES	REASON FOR BREAK

Total certi	ficated service		
Α	In permanent positions	years	months
В	In relieving positions	years	months
	nal Development ide a summary of recent professi	ional learning and development.	

CO	CONFIRMATION						
1	I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be dismissed.	YES	NO				
2	Lam currently registered to teach in New Zealand	VES	NO				

	2 I am currently registered to teach in New Zealand.					
		In accordance with the Privacy Act, I authorise the board of trustees to:				
	Obtain further information from the referees listed in this application, and I					
consent to the references disclosing such information to the hoard						

consent to the referees disclosing such information to the board		
 Obtain information in relation to my application from persons not listed as 	YES	NO
referees, and I consent to these persons disclosing pertinent information to the		
board.		
		1

• Contact the Education Council.

STUDENT SAFETY

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[Cross out the statement that doesn't apply to you]

- I have never been the subject of a complaint about the safety of a student.
- I have been the subject of a complaint about the safety of a student. *Please give dates and details:*

OFFENCES AGAINST THE LAW [Cross out the statements that don't apply to you] I have never been convicted of an offence against the law (excluding minor traffic convictions).

- I have no pending charges of an offence against the law.
- I have been convicted of an offence against the law. *Please give dates and details:*
 - I have pending charges of an offence against the law. *Please give dates and details:*

I know of no reason why I would not be suitable to work with children or young people. TRUE FALSE

Applicant's signature

Date

REFEREES

Please provide the names and contact details of three referees below. Referees' reports are confidential to the board. Referees will only be contacted for candidates who are short-listed.

REFEREE'S DETAILS					
Full name					
Position					
Relationship to the applicant					
Contact dataile	PRIVATE	WO	к		
Contact details	MOBILE	EMA	L		

REFEREE'S DETAILS						
Full name						
Position						
Relationship to the applicant						
Contact details	PRIVATE		WORK			
	MOBILE		EMAIL			

REFEREE'S DETAILS				
Full name				
Position				
Relationship to the applicant				
Contact details	PRIVATE		WORK	
Contact details	MOBILE		EMAIL	