Application Form for Teaching Staff Position

Vision: Enabling students to be confident, active, resilient learners

Values: Courage, compassion, curiosity, community

www.eggs.school.nz

Please note:

This is a confidential document. Its contents will be held by the school and disclosed only to those assisting with the appointment process. At the conclusion of the appointments process, this application:

- Will be destroyed if the applicant is unsuccessful
- Will be held on the confidential personnel file of the successful candidate

JOB DETAILS	S										
Vacancy as advertised											
Closing Date											
PERSONAL D	DETAILS										
PERSONALL	DETAILS										
Name:						Title	:5				
Full Postal Address:						_ Hom	ne Ph:				
						_ Wor	k Ph:				
_						Mob	oile Ph:				
Email:											
CITIZENSHIP application)		TO WORK	(If appl	licable	please	attach a	photoco	py of the	visa with	your	
Are you a Nev	w Zealand ci	tizen?	□ Yes					□ No – go	to next question		
Do you have F status?	Permanent F	lesidence	□ Yes					□ No – go	to next question		
Do you have a	a current Wo	ork	□ V-a	Vica	a Type:						
Permit?			□ Yes		Number:		 NO – you may not be eligible to be employed in New Zealand 				
NEW ZEALAI	ND PRACTI	SING CERTIF	ICATE ww	vw.educa	tioncouncil	l.org.nz					
Teacher Pract	tising Certific	ate Number	_						_		
Teacher Pract	tising Certific	ate Expiry	_						_		
Certificate Sta	atus			•	Full	0	Provisional	0	Subject to Co	nfirmation	
PRESENT EN	/IPLOYMEN	Т									
Present Employer:		_	_			Work Ph	n:				
Address:						Other Pl					
_						Subjects Levels T	s and Year aught				
Position Held: Date Commenced:											
EMPLOYMENT HISTORY (continue on separate sheet if necessary)											
POSITION	I HELD	OI	RGANISATIO	N	\perp	ADDRESS	OF ORGANIS	ATION	Date From	Date To	
		I			1						
						<u> </u>	<u> </u>				
					+						

Institution Attended		Year/s	Year/s		Qualifications / Certificate Attained					
LIDI	FCTC TALL	CUT								
ORI	ECTS TAU	GHI								
	REES:									
t leas cord	it one of thes ed below, ple	se should be able to attest ase note that we may conta	to your work perfo ct the writers of the	ormance. If y ese referenc	you have includ es.	led written refer	ences from p	eople other tha	n those	
1	Name:				1	Home Ph:				
	Address:					Work Ph:				
	710010001									
						Mobile Ph: Relationship				
						to Applicant:				
	Email:									
2	Name:					Home Ph:				
	Address:									
	Address:					Work Ph:				
						Mobile Ph: Relationship				
						to Applicant:				
	Email									
3	Nama					Home Ph:				
•	Name:									
	Address:					Work Ph:				
						Mobile Ph:				
						Relationship to Applicant:				
	Email:									
ROI	FESSIONA	L MEMBERSHIPS								
										_

OTHER INFORMATION								
Have you had an injury or medical condition caused by gradual process, disease or infection – for example hearing loss, occupational overuse syndrome – which the tasks of this job may aggravate or contribute to?								
- Ye	Yes No If yes, please give details of the injury/condition below. How is your performance likely to be affected?							
Do you	ı have a curren	t New Zeal	and drivers licenc	e? ves		No	Number:	
Do you	ı have a curren	t First Aid o	ertificate?	□ Yes		No	Issuing Organisation:	
CRIMI	NAL CONVICT	TIONS						
NOTE: covere								
			victions in the tal	ole below if yo	u have:			
□ be	en convicted o	f an offenc	e within the last	7 years; or				
☐ be	en sentenced t	to a custod	ial sentence (e.g.	imprisonmen	t, corrective	e trainii	ng, borstal); or	
	been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced; or							
	been convicted of a 'specified offence' (e.g. sexual offending against children and young people or the mentally impaired); or							
☐ no	not paid in full any fine, reparation or costs ordered by the Court in a criminal case; or							
	been indefinitely disqualified from driving under section 65 of the Land Transport Act 1998 or earlier equivalent provision.							
PLEASE	E ANSWER THE	FOLLOWI	NG BASED ON TH	E ABOVE CRIT	ERIA. TICK	ONE B	OX ONLY:	
□ No, none of the above criteria applies to me or I have no convictions, am awaiting sentencing or have charges pending Go to the next section								
☐ Yes, at least one of the criteria applies and I will disclose my criminal convictions in the table below: <i>Disclosure of Criminal Convictions</i>								
DISCLO	OSURE OF CR	IMINAL CO	ONVICTIONS					
	Offeno	e	Year Committe	ed	Deta	ails of Fir	ne/PD/Supervision/Imprisonment	
DDI) (A	CV A CT 1002							
PRIVACY ACT 1993 This application is submitted with the understanding that any further information given is for the use of the employer and their authorised representatives who may at any time have access to this information.								
Furthermore consent is given for members of the Epsom Girls Grammar School Board of Trustees or nominated representative to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for appointment to the position.								
Applica	ant's Signature):					Date:	

	e attach to your application two forms of identification these can be sighted.	as det	ailed below. If short listed, please bring originals with you						
	Primary Identification Document								
	This includes NZ passport, overseas passport, NZ emergency travel document, NZ refugee's travel document, NZ certificate of identity, NZ firearms licence, NZ full birth certificate (issued on or after 1/1/1998 and must carry a unique ID number), NZ citizenship certificate								
0	This includes NZ drivers licence, 18+ card, Community Services Card, SuperGold/Veteran SuperGold card, NZ student photo identification card, NZ employee photo identification card, NZ electoral roll record, IRD number, NZ issued utility bill (issued not more than 6 months earlier)								
If this is	is problematic please contact the school as there are o	other w	vays to meet this requirement						
DECLA	ARATION								
I ke I u ma an ap	ne information provided is correct and no relevant makenow of no reason why I would not be suitable to wounderstand that this information will be used for the lay result from an appointment. Please note that if you important information during the appointment propointed, be liable for dismissal.	ork with purpos ou give ocess,	n children/young people ses of processing this application and any review that any incorrect or misleading information or have omitted						
Applica	cant's Signature:	Date:							
OTHER	R INFORMATION TO BE SUBMITTED								
0000	A formal letter of application CV								
	LEMPLOYMENT OPPORTUNITY (EEO) STATISTIC								
Opport	nply with the State Sector Act 1988, we are required t tunities. This information is voluntary and is gathered ation for this position.		ct statistical information to monitor Equal Employment tistical purposes only. It will not form part of your						
	tick the appropriate boxes:								
Gende	er (Please specify)								
Ethnici - M	ity Лāori		Pakeha/New Zealand European						
□ Pa	Pasifika (Please specify)		Asian (Please specify)						
. Ot	Other European (Please specify)		Other ethnic origin (Please specify)						
_ M	/liddle Eastern/Latin American/African (Please spe	ecify) _							
'Activit months	llowing is the Recommended International Standard o	=	ility used by the World Health Organisation: has lasted six months or more (or is expected to last six						
	es no								

EVIDENCE OF IDENTITY