TWIZEL
area school
E ako ana hei oranga
learning for life

APPLICATION FORM

The information collected here is subject to the provisions of the Privacy Act 1993. It is used for the purposes of making a decision about appointment. For the successful candidate the information is kept in personnel files, for unsuccessful candidates the information is

Position applied for:	
Commencement date:	
Full name:	
Address:	
Email:	
Telephone:	
Teacher Registration:	Please include a signed copy of your registration card

For statistical purposes such as EEO programme information only:

Gender: _____

Ethnic Group: _____

PLEASE INCLUDE WITH THIS APPLICATION:

- ❑ This application form, completed and signed.
- ❑ Covering letter.
- ❑ Curriculum vitae including full employment history and qualifications, including drivers licence status.

Shortlisted applicants being interviewed will need to provide a photo ID and their teacher registration card

REFEREES:

Please give contact details for three referees who are happy to be contacted with respect to your application:

Name	Email	Telephone	Relationship to you

DECLARATIONS:

Have you been convicted of any offence against the law (apart from minor traffic convictions and minor offences more than 7 years ago). Yes/No
If yes, please detail:

Have you ever received a police diversion for an offence? Yes/No
If yes, please detail:

Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? Yes/No
If yes, please detail:

Are you awaiting sentencing/currently have charges pending? Yes/No
If yes, please detail the nature of the conviction/cases pending:

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/No
If yes, please elaborate:

Have you ever been the subject of any concerns involving student safety? Yes/No
If yes, please detail:

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 position may aggravate or contribute to? Yes/No
If yes, please detail:

Any other health issues that may impinge on your ability to perform your duties? Yes/No
If yes, please detail:

Any other personal details relevant to your application for appointment? Yes/No
If yes, please detail:

Please note that failure to provide correct and true details could make you liable to dismissal from the employment of the Board of Trustees, should you be a successful applicant

Please read the following statement and if you agree to it sign below.

In accordance with the Privacy Act 1993, I give consent for the Board of Trustees or their representatives to make enquiries from the referees listed in the application and give consent to the referees making such information available. Furthermore, I also give consent for the Board of Trustees or their representatives to approach persons other than the referees whose names I have supplied to gather information relating to my suitability in terms of filling the vacancy and give consent to those people providing such information.

Signature:	Date:

Address your application to: The Commissioner
Twizel Area School

By email to: commissioner@twizel.school.nz

CRITERIA FOR APPOINTMENT

In considering applications for positions the Board of Trustees shall appoint the person who in their view is best suited to the position.

In deciding who is best suited, the Board of Trustees shall give consideration to the experience, qualifications and abilities relevant to the position based on the following criteria:

1. Ability to meet the general requirements of the position as detailed in the Job Description relating to the position;

And

2. Suitability as outlined in the Person Specification relating to the position

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