



RATA STREET SCHOOL

A. Position applied for:

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B. Personal Details:

Surname:	First Names:
Full Postal Address:	Ph No: () _____
	Fax No: () _____
	Mobile No: () _____
Previous Surname (if used in teaching):	E-Mail:

C. Category of Teacher Registration (with the New Zealand Teacher Registration Board)

Registration Number

Practising Certificate Expiry Date

Full Registration

Provisionally Registered

Registered Subject to Confirmation

Not Registered

D. Qualifications (Use separate sheet if desired)

Certificates, degrees, diplomas, or other relevant qualifications:	Subjects or papers passed and levels:	Date and Year Completed

E. Present Employment (Tick appropriate box/es)

Teaching Position Held (Specify):	Permanent <input type="checkbox"/>	Date Appointed:
	Part-time <input type="checkbox"/>	
	Relieving <input type="checkbox"/>	
	Other (Specify) _____	

If not teaching state present occupation: _____

F. Teaching Service (Details in date order - Use separate sheet if desired)

Position	School	Levels Taught	Duties Commenced	Duties Ceased

G. Other Relevant Experience (Use a separate sheet)

H. Particular Strengths/Interests (Use a separate sheet)

If you wish, please state in support of your application any special qualifications, experience or strengths you feel you possess and any extra-curricular activities with which you may be prepared to assist.

I. Referees

Please ensure the referees named below are advised that they may be contacted and asked to supply a referee's report.

Approval is hereby given for the Rata Street School Board of Trustees to contact the referees below and enquire about the professional performance of the applicant. Please list the names, designations and contact details of two referees.				
	Name	Designation	Address	Telephone
1.				() (bus)
				() (home)
2.				() (bus)
				() (home)

J. Declarations (Note: If you answer YES to any question, please provide details on a separate sheet. Failure to provide correct and true details of any convictions or reason for possible unsuitability will make the applicant liable for dismissal from the position if appointed.)

- | | YES | NO |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you ever been convicted of a criminal offence (apart from minor traffic convictions)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been dismissed from a teaching position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been refused registration or classification? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had registration or classification as a teacher cancelled in any country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have any injury or illness that may affect your ability to effectively carry out the duties and responsibilities of the position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are there any reasons why you should not be employed to work in a school environment? | <input type="checkbox"/> | <input type="checkbox"/> |

K. Confirmation

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 this 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 make enquiries of past or present employers, colleagues, other education professionals or any other person who may be in a position to assist the Board in determining my suitability in terms of filling the vacancy and give consent to those people to provide such information. I understand a worker safety check will be completed by the Principal.

Signed: _____ Date: _____

Privacy Statement from the Board of Trustees to Applicants

The information that has been provided or will be provided to the Board of Trustees in regard to this application will only be used for the purpose of determining the applicant's suitability to fill the vacancy. Only the Board of Trustees and their representatives will have access to the information. On completion of the appointment process the curriculum vitae will be returned to all unsuccessful applicants. The curriculum vitae of the successful applicant will be kept on file along with their application. All referee reports along with other information gathered on applicants during the process will be destroyed.

Confirmation: Please read and sign the following statement.

I certify that the information provided in this application including my covering letter and curriculum vitae is to the best of my knowledge correct.

Signed: _____ Date: _____

Post your application to:	Mr D Appleyard Principal Rata Street School Rata Street, Naenae LOWER HUTT 5011	Inquiries: Tel: (04) 567 0096 Fax: (04) 577 8170 E-mail: vacancy@ratastreet.school.nz
Email your application to:	E-mail: vacancy@ratastreet.school.nz	