

Murrays Bay Primary School APPLICATION FOR APPOINTMENT

	The Principal, Murrays Bay ar 0 Fixed Term Teacher (Roll advertised in the	Growth) at Murrays Bay	Primary School			
1.	Full name:					
2.	(Surnar		(First Name[s])			
	Phone: Home:	Business:	Mobile:			
3.	Gender: Male / Female	Date of Birth:				
4.	In order to ensure your safety condition(s):					
5.	Teacher Registration Number:					
	Category of registration:	Provisional / Subject to	Confirmation / Full			
6.	Qualifications: Please supply a verified copy of all qualifications.					
	Certificates, degrees and diplomas held	Organisation	Place	Date Conferred		

7.	Are you currentl If yes, please given		o study for any qualifications?		YES / NO		
8.	In what co-curric	cular activities are you a	ble to support our learners?				
9.	What is your cui	rrent position and the da	te of your appointment?:				
10.	What was the reason for leaving your last position?						
11.	Details in date order (most recent first) of previous teaching service. Indicate positions of leadership where applicable:						
				Duties			
	Position	School	Levels taught	Commenced	Ceased		
12.		support of your applications. (Please use a separa	on any other relevant qualifications te sheet if required.)	, experience or stren	gths that you		
13.			of three referees: 2 Professional a				
	1	2.		3			

14.	May we discuss references with past or present employers? YES / NO				
15.	May we contact your current or previous employers? YES / NO				
16.	Have you had any court convictions in the last ten years? YES / NO				
17.	Are you currently awaiting the hearing of any charges? YES / NO				
18.	Are there any other disclosures we need to be aware of e.g. disciplinary history relevant to child safety?				
	YES / NO				
19.	 If you are not a New Zealand citizen and if you do not have the right of permanent residency here, then N Zealand Immigration Legislation requires this School to ask the following question: 				
	Do you have a work permit? YES / NO				
	Expiry Date://				
20.	If your application is successful, when would you be available to start work?				
19.	Identification – please enclose a verified copy of your driver's licence and passport as photo in	dentification			
Dec	claration:				
true	,				
Sigi	nature: Date:				

Information provided on this form is used to assist in appointing the best person. This information will be kept in the personal file (in a locked cabinet) for successful applicants. It will either be returned or destroyed for unsuccessful applicants. The information is accessible to the Principal and the applicant only. It may be updated or amended by the applicant on request.

CONSENT TO DISCLOSURE OF CONVICTIONS

The Murrays Bay Primary School Board of Trustees may forward this to the police for a routine check

The Liaison Officer Information and Communications Bureau Police National Headquarters WELLINGTON				
I,(First names) (Surname/Family name)				
(Maiden an arm other names used)				
(Maiden or any other names used)				
Gender: Male / Female Date of birth:				
Place of birth:				
Nationality:				
Address:				
hereby consent to the disclosure by the New Zealand Police of any convictions I may have pursuant to this application.				
(N.B.: Such a disclosure may NOT include information relating to any discharge under Section 19 of the Criminal Justice Act 1985, or Section 247 of the Crimes Act 1961, or Section 282 of the Children's and Young Persons and their Families Act 1989).				
Signed: Date:				