# Application

Teacher Aide

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|---|---|
| **Full Name:** | |
| **Email:** | |
| **Address:** | |
| **Mobile:** | **Landline:** |
| **Nationality / Citizenship:** | |

**Which applies to your situation (tick one)**

**A New Zealand Citizen** ☐ **Permanent Residence** ☐ **Current Work Permit** ☐ **Other** ☐

**Are you legally entitled to work in New Zealand and in possession of a valid work visa?**

**YES** ☐ **NO** ☐ **Expiry Date**_____

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| **Where appropriate please attach evidence of eligibility to work in NZ /Additional Comments:** |

**Do you have a full and current New Zealand driver licence?** **YES** ☐ **NO** ☐

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|---|---|---|
| **Current employer** | | |
| **Position held** | | |
| **Address** | | |
| **Email** | **Work phone** | **Other phone** |

**For the purpose of compliance with the Privacy Act 1993, do you consent to Sancta Maria College contacting your present employer for the purpose of reference checking?**

**YES** ☐ **NO** ☐

**REFEREE 1**

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|---|---|
| **Name** | **Email** |
| **School/Institution** | **Position** |
| | **Mobile** |
| **Address** | **Work phone** |
| | **Other phone** |

**REFEREE 2**

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|---|---|
| **Name** | **Email** |
| **School/Institution** | **Position** |
| | **Mobile** |
| **Address** | **Work phone** |
| | **Other phone** |

**REFEREE 3**

| | |
|---|---|
| **Name** | **Email** |
| **School/Institution** | **Position** |
| | **Mobile** |
| **Address** | **Work phone** |
| | **Other phone** |

**TERTIARY EDUCATION QUALIFICATIONS (list below)**

| Institution attended | Years attended | Qualifications attained | Date awarded |
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**EMPLOYMENT HISTORY (list all school / institutions and positions for last 10 years only)**

| Employer | Position | Salary scale (if relevant) | Date from | Date to |
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**Professional Memberships (give details)**

## DECLARATIONS

**Have you ever been terminated from a previous school?** *If yes, please provide the details below.* **YES** ☐ **NO** ☐

**Have you ever resigned from a school during an investigation?** **YES** ☐ **NO** ☐
*If yes, plesae provide the details below***.**

**MEDICAL / HEALTH**

**Do you have any injury or illness that may affect your ability to effectively carry out the duties and responsibilities outlined in the job description?** *If yes, please give details below.*

**YES** ☐ **NO** ☐
*If yes, please give details.*

**Do you have or have had any other known physical or psychological condition that may affectyour ability to carry out the duties and responsibilities outlined in the job description?**

**YES** ☐ **NO** ☐
*If yes, please give details.*

**Do you suffer or have ever suffered from any illness or disability that you would like the Board of Trustees to know about (e.g. asthma, diabetes, high blood pressure)?**

**YES** ☐ **NO** ☐

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**Do you agree to undertake a medical examination if required?** **YES** ☐ **NO** ☐
I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

## NZ TEACHER REGISTRATION (Teaching Positions Only)

**Registration No.** _____ **Registration Expiry Date** _____

**MoE No.** _____

Have you ever had your Teacher Registration cancelled, been deregistered or had conditions imposed or been refused Teacher Registration in NZ or Overseas. **YES** ☐ **NO** ☐

**Current Teacher Classification:** **Full** ☐ **Provisional** ☐ **Subject to confirmation** ☐ **LAT** ☐

**Signature** **Date**

## CHILD SAFETY (VCA)

**Have you ever been convicted of a Safeguarding offence?**

**YES** ☐ **NO** ☐

***If yes, please provide the details below. Include details of how you responded to it.***

**Have you ever been the subject of any concern(s) or a complaint(s) involving child safety during your employment history?**

**YES** ☐ **NO** ☐

***If yes, please provide the details below. Include details of how you responded to it.***

*The Board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014. The Clean Slate Act does not apply to schedule 2 offences.*

## CONVICTIONS

**Have you ever been convicted of any criminal offence (other than a minor traffic offence)?**

**YES** ☐ **NO** ☐

*If yes, please provide* the date and details of the offence(s), the penalty, or reason, together with any comments you may wish to make below (or on a separate sheet):*

**Please note that you may be asked to provide a copy of the relevant court records available from the registrar of the court concerned. Failure to provide correct and true details of any conviction(s) or other reason(s) for possible unsuitability, will make you liable to dismissal from the employment of Sancta Maria College Boardof Trustees should you be the successful applicant.*

**Are you currently awaiting sentencing or the hearing of any charges?**

**YES** ☐ **NO** ☐

*If yes, please provide the details below:*

**Have you ever received a police diversion for an offence?**

**YES** ☐ **NO** ☐

*If yes, please provide the details below:*

**Have you ever been discharged without conviction for an offense?**

**YES** ☐ **NO** ☐

*If yes, please provide thedetails below*

**In additional to other information provided are there any other factors that we should now to assess your suitability for appointment and your ability to do the job?**

**YES** ☐ **NO** ☐

*If yes, please provide the details below*

## NON TAGGED POSITION (Teaching Positions Only)

This is a non-tagged position. Staff are expected to recognize and respect the school's Catholic special character and be actively involved in the total life of the school, in a manner which respects the religious instruction given and religious observances practiced within the school.

## PRIVACY ACT 1993 / AUTHORITY TO APPROACH OTHER REFEREES

**(To be ticked and signed by the Applicant)**

This Application is submitted with the understanding that any further information given is for the use of the employer and their authorized representatives who may at any time have access to this information.

I authorise the members of the Sancta Maria College School Appointments Committee or its advisor(s)/representative(s), permission to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for the advertised position at this school.

| **Applicant's signature** | **Date** |
|---|---|

## DECLARATION

**(To be signed by the applicant)**

I certify that

I confirm, in terms of the Privacy Act 1993, that I have authorised access to referees.

I know of no reason why I should not be suitable to work with children/ young people.

To the best of my knowledge and belief, the information I have supplied in this applicationform and my CV is true, accurate and correct.

I understand that if I have supplied any false or misleading information, or any materialfact or/and any important information is suppressed or deliberately omitted, I may be disqualified from appointment, or if appointed/employed, my employment will be terminated.

| **Applicant's signature** | **Date** |
|---|---|