

**Application Form**

Please complete this application form and email together with your Curriculum Vitae and Covering Letter to:

Terri Johnstone
Catalyst for Change
terri@c4change.co.nz

**Applications close on Friday the 25th of April at 5pm.**

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| Personal Details |
| Surname:  | Forename/s:  |
| Address:  |
| Home Phone:  | Mobile:  |
| Preferred email:  |
| Are you legally entitled to work in New Zealand? **Yes / No** |
| Do you currently hold a valid NZ driver’s licence? **Yes/No** | If yes, please specify the class of licence:**Class:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Education and Qualifications (Past and Current) |
| Registration Number:  | Expiry Date:  |
| Practising Certificate Number:  | MoE Employee #:  |
| Degree/Diploma/Certificate | Name and Location of Institution | Year/s |
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| Please attach copies of official transcripts |

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| Relevant Professional Development |
| Development Undertaken | Name and Location of Institution | Year/s |
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| Current Employment |
| Position/s Held:  |
| School/Institution:  |
| Location:  |
| Period of Employment:  |
| Current Teacher Classification/Salary Step:  |

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| Employment History |
| Name of Employer | Position/s Held | Year/s |
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| Professional Associations |
| Advise the professional associations you belong to and your role in them: |

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| Criminal Conviction History |
| Have you ever been convicted of any criminal offence (other than minor traffic offences)?**Yes / No** |
| Are you currently awaiting the hearing of any charges?**Yes / No** |
| Have you been, or are you currently under investigation from any authority such as the Teachers Council, Health and Disability Authority, Privacy Commission etc?          **Yes / No** |
| The Vulnerable Children Act 2014 prohibits people with specific serious convictions, such as child abuse, sexual offending and/or violence convictions, from being employed as a core worker. Core workers are people who are regularly in charge of or work alone with children, in jobs paid or funded by state sector agencies. However, people with these convictions may apply for an exemption. **If you have answered yes to any the above questions and wish to continue your application, please enclose a certified copy of the entry in the Criminal Record Book relating to the conviction(s), obtained from the Registrar of the Court concerned. This should be accompanied by a copy of the sentencing notes relating to your VCA specified offence, as well as any additional comments you wish to make regarding the offence. Give full details.**  |
| **Note:** The school may seek a police clearance from all short-listed applicants or preferred applicants, prior to confirmation of appointment.  |

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| Medical/Health |
| Do you have any injury, illness or condition that may affect your ability to effectively carry out the duties and responsibilities of the position? **Yes / No** |
| If you have answered ‘yes’ above, please specify: |

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| Referee Information |
| Please provide referee information below. At least three of your referees must be known to you in a work-related capacity. Up to three referees may be contacted prior to short listing.Please note that the Appointment Committee may wish to contact other people who are not on this list – please see the disclaimer. |
| Referee A |
| Name: |  |
| Phone: |  |
| Position Held: |  |
| Organisation: |  |
| Relationship to Applicant: |  |
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| Referee B |
| Name: |  |
| Phone: |  |
| Position Held: |  |
| Organisation: |  |
| Relationship to Applicant: |  |

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| Referee C |
| Name: |  |
| Phone: |  |
| Position Held: |  |
| Organisation: |  |
| Relationship to Applicant: |  |
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| Referee D |
| Name: |  |
| Phone: |  |
| Position Held: |  |
| Organisation: |  |
| Relationship to Applicant: |  |
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| Referee E |
| Name: |  |
| Phone: |  |
| Position Held: |  |
| Organisation: |  |
| Relationship to Applicant: |  |

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| Declaration and Authorisation |
| 1. I declare that the information supplied by me is given voluntarily and is true, accurate and complete in all respects. I acknowledge that I will not hold Collingwood Area School responsible for any omission or mis-statements that I have made in the information provided.
2. I understand that all information provided about me to you, including my application form, resume, references and any assessments will be held by Collingwood Area School to be used for the purpose of evaluating my qualifications, experience and suitability for employment as Principal of Collingwood Area School
3. I understand that if I withhold relevant information or supply false or misleading information about myself, my application may not be further considered. I also understand that my employment may be terminated if, after investigation, my employer discovers that any information which I have provided is false or misleading.
4. I understand that I am entitled to have access to relevant information retained by Collingwood Area School (except for any exemption provided under the Privacy Act 1993 such as evaluative material) and to request correction of the information and/or request that there be attached to the information a statement relating to the fact that I have requested a correction.
5. I consent to the Presiding Member and/or Appointment Committee personnel making such enquiries with such organisations including but not limited to inquiries with all former employers, Teacher Registration Board, and such other bodies or organisations which might hold information relevant to my employment, my suitability to manage and any other information that my prospective employer deems necessary to obtain.
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| Signature: Date:  |