**APPLICATION FORM**

**Before completing this form please read it through carefully, taking notice also of information in the position description and Education Gazette. Late applications may not be accepted.**

**1. APPLICANT 2. POSITION APPLIED FOR**

Full Name: …………………………………………… Kindergarten: ………………………………………………

Former Name: …………………………………… Position: …………………………………………

Address: ………………………………………… Teacher Registration No. ……………………………………

………………………………………………………… Category: Provisional / STC / Full

 ……………..………………………………………… Practising Certificate Expiry Date: / /

Phone No: ………………………………………… Current First Aid Certificate Yes [ ] No [ ]

Email: …………………………………………………. Date expires: / / (**Please attach copy)**

**3. QUALIFICATIONS**

Qualifications ……………………………………………………………………………………

Training provider/s……………………………………………………………………………………

Date ECE qualification (or equivalency) awarded …………………………………………

*NB. If granted equivalency by the NZ Qualifications Authority, a copy of equivalency certificate must be enclosed.*

**4. EMPLOYMENT**

**a) New Graduate:** Yes [ ] No [ ]

**b) Current Employment:**

Position Kindergarten/Centre Employer From/Since

……………………………….. …………………………………… ……………………...…. ……………………

**c) Past Paid Teaching Positions held:**

Position Kindergarten/Centre Employer From-To

………………………………….. …………………………………… ………………………………… ……………………

………………………………….. …………………………………… ………………………………… …………………

………………………………….. ………………………………………. ………………………………… …………………

Continue here if necessary

**c) Other relevant positions held:**

Position Place of work Employer From -To

……………………………….. …………………………………… ………………………………… …………………………

Continue here if necessary.

**d) Number of years and months in six weeks or longer continuous relief teaching:**

**5. PROFESSIONAL STANDARDS**

**< Please insert here your statements about how the Teaching Council’s Professional Standards are reflected in your teaching practice – or your appraisal if a Word document - take as much space as required>**

**6. CURRENT ACADEMIC STUDY (if any)**

**7. RELEVANT COURSES ATTENDED AND/OR FACILITATED**

**8. OTHER RELEVANT EXPERIENCE (NON TEACHING)**

**9. CONVICTIONS**

Have you ever been convicted of any offence against the law [apart from minor traffic convictions]?

Yes [ ] No [ ] If yes please provide details: …………………………………………………………………………

**10. HEALTH**

Is there any reason why you may not be able to perform the essential tasks of the position?

Yes [ ] No [ ] If yes please provide details:

**11. REFEREES’ REPORTS**

Please advise the names of two verbal professional referees who are able to provide comment on your professional work. Please note that referees’ comments are confidential between the referee and iK.

Referees:

1. Name…………………………………………… Position……………………………………………………………

Day contact ……………………. A/H………………. Cell-phone …………………………….

Email………………………………………………………………………………………..

1. Name…………………………………………… Position……………………………………………………………

Day contact ……………………. A/H………………. Cell-phone …………………………….

Email……………………………………………………………………………………..

**12. PERSONAL INFORMATION DISCLOSURE AUTHORITY:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby authorise the collection of information by iK from any current or previous employer, training establishment, other agency or individual, for the purpose of determining my suitability for the kindergarten position for which I am applying, without further reference to me.

Please specify here any agency or individual to whom you do not wish an approach to be made in relation to this application: …………………………………………………………………………………………………………………

*NB. Your authority is required in accordance with the provisions of the Privacy Act 1993.*

**Please note that providing incorrect or misleading information, or the omitting important information, may disqualify you from appointment, or, if appointed, make you liable for dismissal.**

I certify that to the best of my knowledge all information provided in this application is true and correct.

Signature: ………………………………………………………………… Date: …………………………………………