

**CONFIDENTIAL**

To be completed personally by applicant.

**RELIEVING TEACHER/KAIAKO APPLICATION FORM**

Note: the completion of this form does not indicate that there is any obligation to employ the applicant.

*Do not send original documents and do not enclose material in clearfile folders or similar. Use black pen and/or ensure that typed material is dark enough to photocopy. We would appreciate if you included a recent photograph of yourself.*

*The answers to the following questions in relation to your application for employment, will assist the Southland Free Kindergarten Association Incorporated to assess your suitability for the position. The questions being asked are relevant to the nature and type of work undertaken in the Southland Free Kindergarten Association Incorporated and comply with the rights and obligations under legislation, including the Immigration Act 1987, the Health and Safety in Employment Act 1992, and the Human Rights Act 1993. The information will be used by the Southland Free Kindergarten Association Incorporated to assess you for this purpose only.*

**1. Personal Details**

<b>Full Name:</b>			
<b>Preferred Name:</b>			
<b>Previous Name(s)</b>			
<b>Address:</b> (Please include postcode)			
<b>Phone Number:</b>	Day:	Evening:	Mobile:
<b>Email Address:</b>			
<b>Date of Birth:</b>			
<b>Do You Hold a Current Driver's Licence?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(please include a copy of your driver's licence)</small>	<b>Ethnicity:</b>	
<b>Next of Kin:</b>	Name:	Phone No:	Relationship:

<b>Teacher Registration</b> <small>(Please include a copy of current certificate)</small>	Registration Category:	Registration Number:	Expiry Date:
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<b>Current First Aid Certificate</b> <small>All teaching staff must have current certification (Include a copy of current Certificate)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Issued:	Expiry Date:
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<b>NZEI Member</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Membership number
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## 2. Qualifications

All relieving kaiako must hold an NZQA recognised **ECE** diploma or degree.

List all formal qualifications you have achieved which are relevant to this position. *(Please enclose certified copies)*

Early Childhood:	Date of Qualification:
Postgraduate (Teaching Related):	Date of Qualification:
Other :	Date of Qualification:

## 3. Availability

We use an electronic booking system for relievers that you will be required to keep up to date with your current availability for kaiako to contact you.

I can start work on (date):		Comments
Day to Day	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Short Term (less than 6 weeks)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Long Term (more than 6 weeks)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are there any times/days or periods you are not available?		
Please indicate where you are available to relieve:		
Invercargill   Longbush   Bluff   Riverton   Drummond   Winton   Gore   Fiordland		

#### 4. Employment History

Please provide details of your present and previous employment. Please indicate whether full time (FT), part time (PT) or relieving position (RE).

**We require written verification of employment under the Children’s Act (2014). This will also ascertain your applicable salary scale.**

#### Current Employment

Position:		Kindergarten/Centre:
Association/Employer:		FT <input type="checkbox"/> PT <input type="checkbox"/> RE <input type="checkbox"/>
From (month/year):	To (month/year):	Total Length of Service:

#### Other Teaching Positions Held

Position:		Kindergarten/Centre:
Association/Employer:		FT <input type="checkbox"/> PT <input type="checkbox"/> RE <input type="checkbox"/>
From (month/year):	To (month/year):	Total Length of Service:

Position:		Kindergarten/Centre:
Association/Employer:		FT <input type="checkbox"/> PT <input type="checkbox"/> RE <input type="checkbox"/>
From (month/year):	To (month/year):	Total Length of Service:

Position:		Kindergarten/Centre:
Association/Employer:		FT <input type="checkbox"/> PT <input type="checkbox"/> RE <input type="checkbox"/>
From (month/year):	To (month/year):	Total Length of Service:

Position:		Kindergarten/Centre:
Association/Employer:		FT <input type="checkbox"/> PT <input type="checkbox"/> RE <input type="checkbox"/>
From (month/year):	To (month/year):	Total Length of Service:

#### Other Relevant Positions Held

Position:	FT <input type="checkbox"/> PT <input type="checkbox"/> RE <input type="checkbox"/>	
Association/Employer:		
From (month/year):	To (month/year):	Total Length of Service:

#### Length of Teaching Service

Total number of years and months in permanent kindergarten positions:		
Years		Months

Total number of years and months in other permanent early childhood positions		
Years		Months

Total number of years and months in six weeks or longer continuous relieving positions in kindergarten and other early childhood positions:		
Years		Months

Have you ever been dismissed or left before being dismissed in previous employment? Yes  No

If yes, please give details: .....

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## 5. Legal Requirements

Are you a New Zealand citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you legally entitled to work in NZ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you are legally entitled to work because you have a work permit, please indicate when that permit expires. <i>(If successful in your application, we will require a copy of your work permit.)</i>	Expiry Date:

## 6. Disabilities or Medical Conditions

**Kaiako must be able to perform the tasks required to be fit for work as identified in the Fit for Work Guidelines.**

*Note: The Human Rights Act 1993 defines disability as; physical disability or impairment; physical illness; psychiatric illness; intellectual or psychological disability or impairment; the presence in the body of organisms capable of causing illness; any other loss or abnormality of a body or mind function; and reliance on a guide dog, wheelchair or other remedial means.*

Do you have any disability or medical condition that would affect your ability to effectively carry out the tasks and responsibilities described in the Job Description or Tasks Required to be Fit for Work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details (please include any services or facilities which would allow you to carry out this role satisfactorily?)	
Do you have, or have you had, any injury or medical condition caused by a gradual process, disease or infection which may be aggravated by the function and responsibilities of the job for which you have applied, as it is described in the Job Description or Tasks Required to be Fit for Work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details:	
Do you have any present or past injury for which you may or may not have claimed ACC and/or other insurance cover, likely to be aggravated by the job you have applied for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, give details:	

## 7. Criminal History

Have you ever been convicted of any criminal offence, particularly relating to dishonesty, e.g., fraud, misappropriation of funds, within the last five years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you awaiting a hearing on any such charges?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered "Yes" to either of the above questions, please give details:	

## 8. Declaration and Acknowledgement

This information is being collected to enable Southland Free Kindergarten Association Incorporated to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide the information requested, then your application may be rejected by Southland Free Kindergarten Association Incorporated. If you provide false or inaccurate information, this will be considered serious misconduct and may result in dismissal should you be employed by Southland Free Kindergarten Association Incorporated. Please also note that any false information given in Section Six, entitled *Disabilities or Medical Conditions*, may result in your loss of entitlement to earnings related compensation.

The Privacy Act provides you with the right to request access to and/or correct the personal information about you held by Southland Free Kindergarten Association Incorporated.

I \_\_\_\_\_ (full name) declare that to the best of my knowledge the information that I have provided is accurate and complete.

Signature: ..... Date: .....

### Confirming Identity

Two original forms of identification must be presented to the Senior Kaiako. The applicant must be the presenter of the documents. One form of identification must be from Category A and one must be from Category B - refer to the table below. At least one of the acceptable forms of identification documents must be photographic.

If the two identity documents have different names (e.g. a birth certificate in maiden name and drivers licence is in married name) we require evidence of name change – such as marriage certificate or statutory declaration.

#### Category A

- New Zealand Passport
- A New Zealand Certificate of Identity issued under the Passports Act 1992 to Non-New Zealand citizens who cannot obtain a passport from their country of origin
- New Zealand certificate of Identity (issued to people who have refugee status)
- New Zealand Refugee Travel Document
- Overseas Passport (with New Zealand Immigration Visa/Permit)
- New Zealand Firearms License
- New Zealand Full Birth Certificate
- Emergency Travel Document
- New Zealand Citizenship Certificate

#### Category B

- New Zealand Driver's Licence
- 18+ Card (must be current)
- Community Services Card
- Super Gold Card
- Veteran Super Gold Card
- Inland Revenue Number
- Electoral Roll Records
- New Zealand issued utility bill, issued not more than 6 months earlier.

#### Employer Use Only

Salary Step		Payroll updated	
Infocare loaded		Relievers lists updated	
Employment Contract		Email distribution list updated	
Safety Check Completed		Signed	

Safety Check includes:

- Interview
- Confirming Identity
- 2 verbal referee checks
- Check current registration with Teaching Council
- Overall Risk Assessment

## 9. Consent to Contact Referees

Applicant name: .....Position being sought: .....

I, \_\_\_\_\_ (full name) consent to Southland Free Kindergarten Association Incorporated or its representative seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to Southland Free Kindergarten Association Incorporated for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by Southland Free Kindergarten Association Incorporated is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: .....Date.....

### DETAILS OF REFEREES:

Name:		
Current position:		
Relationship:		
Contact numbers:	Day:	Mobile:
Email:		

Name:		
Current position:		
Relationship:		
Contact numbers:	Day:	Mobile:
Email:		

Name:		
Current position:		
Relationship:		
Contact numbers:	Day:	Mobile:
Email:		

# CHECKLIST

**Please ensure that these supporting documents are included in your application:**

✓

Copy of current Teacher Registration	
Copy of current First Aid Certificate	
<b>Certified copies</b> of formal qualifications relevant to this position	
Confirmation of employment from previous employers – must include dates and if full/part time	
Copy of latest Attestation Form (if applicable)	
Recent photograph (recommended)	
Please check that you have answered all questions	
Two forms of identification (at least one must be photo) must be brought with you when you meet with the Senior Kaiako to confirm your identity	