

CONFIDENTIAL

To be completed personally by applicant

**KINDERGARTEN TEACHER/KAIAKO
HEAD TEACHER/KAIAKO APPLICATION FORM**

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

Applicants must complete this form and may use additional pages where necessary. All supporting material accompanying this application must be on A4 paper. 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.

PLEASE PRINT

Position Applied For:	
Kindergarten:	

1. Personal Details

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

Teacher Registration (Please include copy of current Certificate)	Registration Category:	Registration Number:	Expiry Date:
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Current First Aid Certificate All teaching staff must have current certification (Please include copy of current Certificate)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Issued:	Expiry Date:
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2: Qualifications

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. Professional Learning

(Please either use the space below or attach an A4 sheet either written or typed):

List Professional Learning Undertaken During the Last Two Years or Anything Else Significant Undertaken During Your Career:	Dates:

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). **NB: Employment records will be required to verify these details.**

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:

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

If you are successful with this application, it will be your responsibility to provide documentation from all previous employment to ascertain your applicable salary scale for this position.

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: Teaching and Professional Practice

Please list the teaching skills and areas of interest that you (and others who observe your teaching practice) would highlight as particular strengths or features that you will bring to a teaching position. This section is very important as it is your opportunity to tell us about your attributes as a teacher.

(Please either use the space below or attach an A4 sheet either written or typed):

Please also attach a copy of one assessment you have written recently (with permission or so the child is non-identifiable).

Strength or interest	Quote examples that demonstrate this strength or interest in your teaching

6: Overall Suitability for the Position

Using the information about the specific kindergarten and the Association Attributes as a guide, please outline your overall suitability for this position. *(Please either use the space below or attach an A4 sheet either written or typed):*

List other Life Experiences and Leisure Time Interests:

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7: 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:	

8: Disabilities or Medical Conditions

Teachers 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:		

9: 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:	

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 Four, 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:

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:	Evening (if appropriate):
Address:		

Name:		
Current position:		
Relationship:		
Contact numbers: Day:	Mobile:	Evening (if appropriate):
Address:		

Name:		
Current position:		
Relationship:		
Contact numbers: Day:	Mobile:	Evening (if appropriate):
Address:		

CHECKLIST

Please ensure that these supporting documents are submitted when applying for the above position	✓
Copy of current Teacher Registration Certificate	
Copy of current First Aid Certificate	
Certified copies of formal qualifications relevant to this position	
Copy of latest Attestation Form (if applicable)	
Copy of a recent written assessment	
Recent photograph	
Please check that you have answered all questions	