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**Editable Application Form**

To be completed in full and returned & received either by email or post before **5pm Friday 11th July 2025.**

**Postal Details To:** Appointments Committee (Envelopes should be endorsed ‘Confidential Application’).

**Position Applied For**: Scale A, permanent position.

**Personal Details**

|  |  |
| --- | --- |
| Full name: |  |
| If you are known by another name please state |  |
| Address |  |

|  |  |
| --- | --- |
| Contact Telephone Number/s |  |
| Personal Email |  |
| NZ Teacher Registration Status |  |
| NZ Teacher Reg Number & Expiry Date |  |
| MoE Number |  |
| NZ Drivers Licence Number & Version |  |

**Qualifications**

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| --- | --- | --- |
| Qualification Attained | Name of Institution | Date Awarded |
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| **Please tick the appropriate boxes: ✓** | **Y** | **N** |
| Are you a New Zealand citizen? |  |  |
| If not, do you have resident status, or |  |  |
| A current work permit? |  |  |
| Have you ever had a criminal conviction *(convictions under the clean slate scheme excluded)?* |  |  |
| If “Yes” please detail: | | |
| **Please tick the appropriate boxes: ✓** | **Y** | **N** |
| Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of license, or imprisonment? If “Yes” please detail below. |  |  |
| Are you awaiting sentencing or have charges pending? If yes, please state the nature of the conviction/cases pending below. |  |  |
| In addition to other information provided, are there any other factors that we should know to assess your suitability for appointment and your ability to do the job?  If “Yes’, please elaborate below.  please see CV and cover letter |  |  |
| Have you ever been subject to any concerns involving student safety?  If “Yes” please detail below. |  |  |

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| --- | --- | --- |
| **Please tick the appropriate boxes: ✓** | **Y** | **N** |
| Have you had any injury or medical condition caused by a gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the task of this position may aggravate or contribute to?  If “Yes” please detail below. |  |  |

**Employment History**

Please list your work experience in your last five positions beginning with your most recent position held. If you were self-employed, give details. If you have had more than five positions in the last five years, please list them all. Attach additional sheets if necessary.

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| --- | --- | --- | --- |
| School | Position held | Reason for leaving | Period employed |
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| **Referees**  Please provide the names of three people who could act as referees for you. At least one of these referees should be someone who has been team leader or Deputy Principal and you have reported to. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references. | | | |
| **Name** | **Contact Details**  *(Organisation & Address)* | **Phone**  *(Mobile, work, home)* | **Relationship**  *(e.g. BoT Presiding Member, Principal), including how long you have known the person* |
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| **Authority to approach other referees** | **Y** | **N** |
| I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position. |  |  |
| I authorise the Board, or nominated representative, permission to access any information held by the Teaching Council -Matatū Aotearoa or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for the appointment to the position. |  |  |

**Any other information**

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| *Please use the following space to provide any additional information that you wish the Board to consider when reflecting on your application.* |

**Signature and Date**

I certify that:

* The information I have supplied in this application is true and correct.
* I confirm in terms of the Privacy Act 2020 that I have authorised access to referees.
* I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please ensure this form is completed fully and included along with your personal curriculum vitae and covering letter in your application.

Applications close at 5pm on Friday the 4th of July 2025.. For further information please contact Belinda Bunny, Principal - principal@wps.school.nz

**Email application to:**

[principal@wps.school.nz](mailto:principal@wps.school.nz)

**Post or courier application to:**

Confidential - Appointments Committee

Waipu Primary School

6 Argyle Street

Waipu 0510