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| **BOTANY DOWNS SCHOOL APPLICATION FOR APPOINTMENT** |
| **TO: Vicki Parkins, Principal Botany Downs School Email: vickip@botanydowns.school.nz**  **Position Applying For: Deputy Principal** |

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| **PERSONAL DETAILS** | | | | | | | | |  |
| **Name:** |  | | |  | **Home Ph:** | | | (0 ) |  |
| **Address:** |  | | |  | **Work Ph:\*** | | | (0 ) |  |
|  |  | | |  | **Mobile Ph:** | | |  |  |
|  |  | | |  | **Email:** | | |  |  |
| **Registration Number:** |  | | |  | **Expiry Date:** | | |  |  |
|  | |  |  |  | |  |  | |  |

\*tick if you may be contacted at work ◻

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| **PRESENT EMPLOYMENT** | | | | |  |
| **Present Employer:** |  |  | **Work Ph:** | (0 ) |  |
| **Address:** |  |  | **Mobile:** | (0 ) |  |
| **Position Held:** |  |  | **Date Commenced:** |  |  |
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| **CITIZENSHIP / RIGHT TO WORK** | | |  |
| Are you a New Zealand citizen? | ◻ **Yes** *– go to next section* | ◻ **No** *– go to next question* | |
| Do you have Permanent Residence status? | ◻  **Yes** *– go to next section* | ◻ **No** *– go to next question* | |
| Do you have a current Work Permit? | ◻ **Yes** *– go to next section* | ◻ **No –** you may not be eligible to be employed in New Zealand | |

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| **EMPLOYMENT HISTORY IN TEACHING** | | | | |  |
| **POSITION** | **SALARY SCALE** | **SCHOOL** | **DATE FROM** | **DATE TO** | |
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| **TERTIARY QUALIFICATIONS** | | | |
| **INSTITUTION ATTENDED** | **YEAR** | **QUALIFICATIONS** | **DATE AWARDED** |
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| **REFEREES** | | | | | | |  |
| ① | **Name:** |  | |  | **Home Ph:** | (0 ) |  |
|  | **Address:** |  | |  | **Work Ph:** | (0 ) |  |
|  |  |  | |  | **Mobile Ph:** |  |  |
|  |  |  | |  | **Fax:** | (0 ) |  |
|  | **Relationship to Applicant:** | |  |  | **Email:** |  |  |
|  |  | |  |  |  |  |  |
| ② | **Name:** |  | |  | **Home Ph:** | (0 ) |  |
|  | **Address:** |  | |  | **Work Ph:** | (0 ) |  |
|  |  |  | |  | **Mobile Ph:** |  |  |
|  |  |  | |  | **Fax:** | (0 ) |  |
|  | **Relationship to Applicant:** | |  |  | **Email:** |  |  |
|  |  | |  |  |  |  |  |
| ③ | **Name:** |  | |  | **Home Ph:** | (0 ) |  |
|  | **Address:** |  | |  | **Work Ph:** | (0 ) |  |
|  |  |  | |  | **Mobile Ph:** |  |  |
|  |  |  | |  | **Fax:** | (0 ) |  |
|  | **Relationship to Applicant:** | |  |  | **Email:** |  |  |
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| **PROFESSIONAL MEMBERSHIPS** |  |
| **Please give details below of any professional groups you belong to:** | |

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| **OTHER INFORMATION** |  |
| Are there any factors, including health factors, of which we should be aware which could impact on your ability to do the job for which you are applying?  ◻ Yes ◻ No If yes, please give details of the injury/condition below. How is your performance likely to be  affected? | |
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| Do you have a current New Zealand Driver's licence? ◻ Yes ◻ No  Do you have a current First Aid certificate: ◻ Yes ◻ No  Do you hold the Child Restraint Certificate ◻ Yes ◻ No | |
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| **CRIMINAL CONVICTIONS** | | |  |
| **NOTE: The Botany Downs School Appointment Committee requires you to disclose all convictions unless they are covered by the Criminal Records (Clean Slate) Act 2014.**  **WHAT MUST YOU DISCLOSE?**  You must declare all of your convictions in the table below if you have:   * been convicted of an offence within the last 7 years; **or** * been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal); **or** * been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced; **or** * been convicted of a ‘specified offence’ (e.g. sexual offending against children and young people or the mentally impaired); **or** * not paid in full any fine, reparation or costs ordered by the Court in a criminal case; **or** * been indefinitely disqualified from driving under section 65 of the Land Transport Act 1998 or earlier equivalent provision.   **PLEASE ANSWER THE FOLLOWING BASED ON THE ABOVE CRITERIA.**   * Have you ever had a criminal conviction or are pending conviction? Yes / No   If Yes, please record details in the table below: | | | |
| **DISCLOSURE OF CRIMINAL CONVICTIONS** | | |  |
| **Offence** | **Year Committed** | **Details of Fine/PD/Supervision/Imprisonment** | |
| Have you ever had a criminal conviction? |  |  | |
| Have you ever received a police diversion for an offence? |  |  | |
| Have you been convicted of a driving offence which results in temporary or permanent loss of licence, or imprisonment? |  |  | |
| Are you awaiting sentencing/currently have charges pending? |  |  | |
| Have you been the subject of any concerns involving student safety? |  |  | |

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| **DECLARATION** |  |
| * I certify that the information provided is correct and no relevant material/information has been omitted. * I declare that to the best of my knowledge and belief the information given in this application and in my CV is correct. * I know of no reason why I would not be suitable to work with children/young people * I hold a current practising certificate from the Teaching Council of Aotearoa New Zealnd * I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from the appointment, or if appointed, may be liable to be dismissed.   **Applicant’s Signature**: **Date**:  *This information will be used for the purposes of processing this application and any review that may result from an appointment. Please note that if you give any incorrect or misleading information or have omitted any important information during the appointment process, you may be disqualified from consideration or, if appointed, be liable for dismissal.* | |

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| **PRIVACY ACT 2020** |  |
| This application is submitted with the understanding that any further information given is for the use of the employer and their authorised representatives who may at any time have access to this information.  Furthermore, consent is given for members of the Botany Downs School Appointment Committee to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for a teaching position at Botany Downs School.  I also authorise the School Board or nominated representative, permission to access any information held by the Teaching Council of Aotearoa NZ, including matters under investigation, to gather information related to my suitability for appointment to the position.  **Applicant’s Signature: Date:** | |