TEACHING POSITION APPLICATION FORM TAURANGA PRIMARY SCHOOL

Please post or email to:

TEAM LEADER Application: Tauranga Primary School 31 Fifth Avenue Tauranga 3110 principal@tauranga.school.nz

Position applied for: Team Leader 2MU

	PERSONAL DETAILS			
Surname				
Given names				
Preferred name				
Address				
Date of birth				
Contact details	HOME		WORK	
	MOBILE		EMAIL	

Certificated Teacher Status	\checkmark	Registration No.	Expiry date
Certificated teacher			
Provisionally certificated			
Not certificated			

Present Teaching Position				
School				
Date appointed				
Type of appointment				
Can we contact your principo	Il about this position?	YES	NO	

	Type of qualification	Date received	Received from
Educational			
Qualifications			

Details of Training and Service Please include details of your work history for the last 5 years.					
SCHOOL	POSITION	DATES	CLASS LEVEL		

Please indicate any breaks in service and give reasons, e.g. overseas travel:

DATES	REASON FOR BREAK

Total cer	otal certificated service				
Α	In permanent positions	years	months		
В	In relieving positions	years	months		

Professional Development

Please provide a summary of recent professional learning and development.

CONFIRMATION I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked. 1 YES NO 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 dismissed. 2 I am currently registered to teach in New Zealand. YES NO In accordance with the Privacy Act, I authorise the board of trustees to: Obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the 3

3	 Obtain information in relation to my application from persons not listed as referees, and I consent to these persons disclosing pertinent information to the board. 	YES	NO	
	Contact the Education Council.			

STUDENT SAFETY

4

5

[Cross out the statement that doesn't apply to you]

- I have never been the subject of a complaint about the safety of a student.
- I have been the subject of a complaint about the safety of a student. Please give dates and details:

OFFENCES AGAINST THE LAW

- [Cross out the statements that don't apply to you]
 - I have never been convicted of an offence against the law (excluding minor traffic convictions).
 - I have no pending charges of an offence against the law.
 - I <u>have been convicted</u> of an offence against the law. Please give dates and details:
 - I <u>have pending charges</u> of an offence against the law.
 Please give dates and details:

6	I know of no reason why I would not be suitable to work with children or	TDIIE	FALSE	
0	young people.	IKUE	FALSE	

REFEREES

Please provide the names and contact details of three referees below. Referees' reports are confidential to the board. Referees will only be contacted for candidates who are short-listed.

REFEREE'S DETAILS				
Full name				
Position				
Relationship to the applicant				
	PRIVATE		WORK	
Contact details	MOBILE		EMAIL	

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Full name				
Position				
Relationship to the applicant				
	PRIVATE		WORK	
Contact details	MOBILE		EMAIL	

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