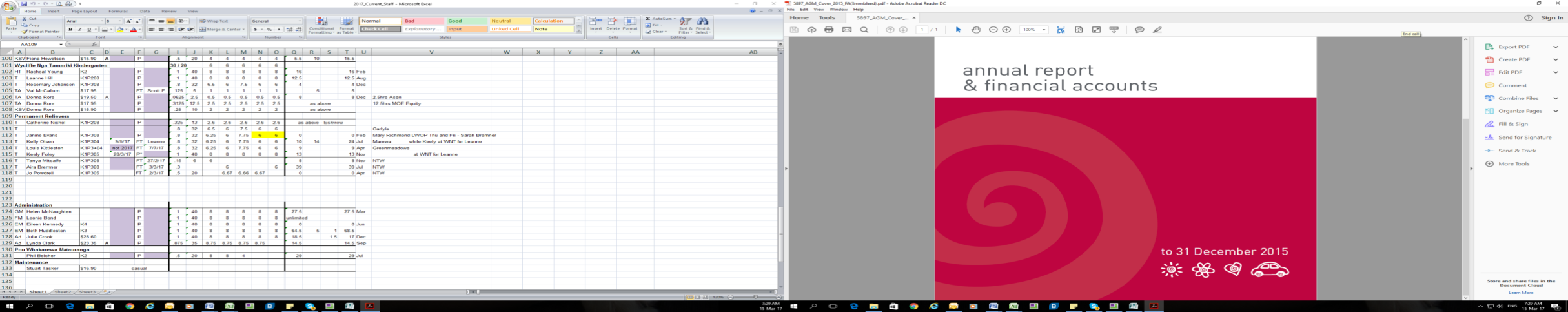


**Application Form**

A screenshot of a computer

Description automatically generated

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| *Please ensure that you have read the document outlining the instructions for completing this form and putting your complete Application together and submitting it to us prior to the close off date.*  **Close Off:** for Applications is **noon Monday 27 May 2024** |

1. **Applicant Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full Name** | Click or tap here to enter text. | | | | | |
| **Former Name**  (if applicable) | Click or tap here to enter text. | | | | | |
| **Address** | Click or tap here to enter text. | | | **Phone** | Click or tap here to enter text. | |
| **Date of Birth** | Click or tap here to enter text. | | | **Email** | Click or tap here to enter text. | |
| **NZTC Registration No.** | | Click or tap here to enter text. | **Category** | Click or tap here to enter text. | **Expiry Date** | Click or tap here to enter text. |
| **My availability for an interview is** | | | Click or tap here to enter text. | | | |

1. **Position(s)**

Please indicate the position(s) you are applying for.

|  |  |
| --- | --- |
| **Position 1** | Choose an item. |
| **Position 2** | Choose an item. |

1. **Qualifications**

Please state:

|  |  |  |
| --- | --- | --- |
| **ECE Qualification(s)** including Post-Grad etc. if applicable | Click or tap here to enter text. | |
| **Education Provider** | Click or tap here to enter text. | |
| **Other Qualifications** | Click or tap here to enter text. | |
| **Date NZ ECE/Primary qualification or equivalency awarded** | | Click or tap here to enter text. |
| **First Aid Certificate - date awarded** | | Click or tap here to enter text. |
| **NB:**  If granted equivalency by the NZ Qualifications Authority, a copy of the Equivalency Certificate must be enclosed.  First Aid certification is a requirement of employment, please enclose a copy. | | |

1. **Employment**

Current Employment

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | Click or tap here to enter text. | **Kindergarten or Centre** | Click or tap here to enter text. |
| **Date Started** | Click or tap here to enter text. | **Name of Employer** | Click or tap here to enter text. |

Previous Employment – **please see over page for table.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer Name** | **Position and nature of work** | **Full or Part time.**  If part time please state job size eg .8 | **Date of Employment**  **(start and finish)** | | **Reason for Leaving** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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1. **Current Study**

Please outline any current ongoing study that you may be doing.

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| Click or tap here to enter text. |

1. **Teaching Skills, Strengths, and Interests**

Please describe. If you have specific skills or experience applicable to a particular kindergarten position you would like to draw attention to, please state the kindergarten concerned, otherwise the comments will be taken to apply to all (if applying for more than one) the kindergartens.

|  |
| --- |
| Click or tap here to enter text. |

1. **Best Applicant for the Position**

Please briefly outline what makes you the ideal applicant for the position(s)

|  |
| --- |
| Click or tap here to enter text. |

1. **Previous Convictions**

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?

Yes  No

If ‘Yes’ – please provide details.

|  |
| --- |
| Click or tap here to enter text. |

1. **Health and Medical**

Have you in the past, or do you have now any injury or medical condition caused by gradual process, disease, or infection, for example hearing loss, sensitivity to chemicals, repetitive strain injuries or similar that may be aggravated or further contributed to by the function and tasks of this position?

Yes  No

If ‘Yes’ – please provide details.

|  |
| --- |
| Click or tap here to enter text. |

Do you suffer from any injury, ailment, other disability, or medical condition which may affect your regular attendance at work or your ability to effectively carry out the functions and tasks of the position being applied for?

Yes  No

If ‘Yes’ – please provide details.

|  |
| --- |
| Click or tap here to enter text. |

1. **Referee Report and further Referees**

Referee Report

|  |  |
| --- | --- |
| **A written Referee Report will be provided by** | Click or tap here to enter text. |
| **OR I intend to reuse a Referee Report previously submitted for me by** | Click or tap here to enter text. |

Referees - Please provide name and contact details for two referees who can provide verbal comment on your professional work.

|  |  |  |  |
| --- | --- | --- | --- |
| **1 Referee Name** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |
| **2 Referee Name** | Click or tap here to enter text. | **Phone** | Click or tap here to enter text. |

**Declaration**

I hereby authorise, in accordance with the Privacy Act 2020, the collection of personal information from any current or previous employer, training provider, other agency or individual, for the purpose of determining my suitability for the position(s) for which I am applying (noting that this information will only be collected if I am an applicant to whom an employment offer is made).

I declare that to the best of my knowledge, the information provided in this application is true and correct. I understand that any false information has been provided, or suppression of any material fact may disqualify me from appointment or, if appointed I may face disciplinary action including dismissal. I acknowledge that that any offer of employment is subject to a satisfactory Safety Check and Risk Assessment being completed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click or tap here to enter text. | | |
|  |  |  |  |
|  | (Signature) |  | (Date) |