# Thames High School

Te Kura Tuarua o Te Kauaeranga

*Kia kōtahi ai te piki ake, kia ikeike rawa ki te taumata*

***We grow together to achieve one’s true potential***

Leadership Position Application Form

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| **Position applied for:** |  |

Completed application to be emailed to the **Principal’s PA, Tracey Reed** [traceyreed@thameshigh.school.nz](mailto:traceyreed@thameshigh.school.nz)

**Privacy of Personal Information**

The information you provide on this application form will be collected and held by the School Board Thames High School. It is being collected solely for the purpose of assessing your suitability for employment in this specific position, or any other we may deem appropriate.

Should your application be successful, this document will be retained on your personnel file however should your application be unsuccessful, this document, together with your other application papers, will be confidentially destroyed.

You have the right of access to personal information and to seek any correction you think necessary to ensure accuracy.

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| **PERSONAL DETAILS** | | | | |
| Surname |  | | | |
| Given names |  | | | |
| Preferred name |  | | | |
| Address |  | | | |
|  | | | |
| Contact details | HOME |  | WORK |  |
| MOBILE |  | EMAIL |  |

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| **Current Teacher Classification** | 🗹 | **Registration No.** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Please provide evidence of current teacher registration)* |
| Fully certificated teacher |  | Expiry date | |  |
| Provisionally certificated |  |  | |  |
| Not certificated |  |  |

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| **Are you a citizen of New Zealand?** | **Yes** | **No** | **Do you have Residency Status?** | **Yes** | **No** |
| **Are you legally entitled to work in New Zealand and in possession of a valid work** | | | | **Yes** | **No** |
| **Where appropriate, please attach evidence of eligibility to work in New Zealand.**  Any additional comments? |  | | | | |

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| **TERTIARY QUALIFICATIONS COMPLETED** | | |
| **Degree, Diploma or Certificate** | **Name and Location of Institution** | |  | | --- | | **Years of Attendance** | |
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| **TERTIARY QUALIFICATIONS CURRENTLY UNDERTAKEN** | | |
| **Degree, Diploma or Certificate** | **Name and Location of Institution** | |  | | --- | | **Years of Attendance** | |
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| **SIGNIFICANT RELEVANT PROFESSIONAL DEVELOPMENT IN THE PAST 3 YEARS** | | |
| |  | | --- | | **Description** | | |  | | --- | | **Provider** | | |  | | --- | | **Year / Date** | |
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| **Present Position** |  |
| School |  |
| Period of employment | |  |  |  |  | | --- | --- | --- | --- | | From |  | To |  | |
| Position(s) Held |  |
| Type of appointment | |  |  |  | | --- | --- | --- | |  | Current salary step |  | |

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| **PREVIOUS EMPLOYMENT POSITIONS**  Please include details of your work history for the last 5 years. | | |
| **Years** | **School/Employer** | **Position(s) Held** |
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| **HEALTH** | | |
| **I understand** that any false information given in relation to my medical history may result in the loss of entitlement for any compensation from ACC or the Board’s workplace accident insurer. | **Yes** | **No** |
| Please describe any injury or illness you have had that may affect your ability to effectively carry out the duties and responsibilities of this position | | |
|  | | |
| Do you have any other known condition that may affect your ability to carry out the duties and responsibilities outlined in the job description? If yes, please provide the details. | **Yes** | **No** |
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| Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome which the tasks of this position may aggravate or contribute to? | **Yes** | **No** |

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| **CONVICTIONS AGAINST THE LAW** | | |
| Have you ever been convicted of any offence against the law (apart from minor traffic convictions)? | **Yes** | **No** |
| Have you ever received a police diversion for an offence? | **Yes** | **No** |
| Have you ever been discharged without conviction for an offence? | **Yes** | **No** |
| Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of license, or imprisonment? | **Yes** | **No** |
| Are you awaiting sentencing, or do you have charges pending? | **Yes** | **No** |
| In addition to other information provided, are there any other factors that we should know to address your suitability for appointment and your ability to do the job? | **Yes** | **No** |
| Have you ever been the subject of any concerns or complaints involving child safety? | **Yes** | **No** |
| **If you answer YES to the above, please enclose a Certified Copy of the entry in the Criminal Record Book relating to the conviction(s)**, obtained from the Registrar of the Court concerned. The copy should be accompanied by any comments regarding the offence that you wish to make. Please give full details. | | |
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| A Board may not employ or engage a children’s worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014. | | |

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| **REFEREES** | | |
| For the purposes of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purpose of obtaining a reference. | **Yes** | **No** |

**Please give details of referees that you authorize us to contact.** At least two of these must be known to you in a work-related capacity. By listing these references, you authorise written and/or verbal referee reports. Referee reports are confidential to the principal / board. Referees will be contacted as part of the shortlisting and/or appointment process.

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

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| --- | --- | --- | --- | --- |
| Full name |  | | | |
| Position |  | | | |
| Relationship to the  applicant |  | | | |
| Contact details | Home |  | WORK |  |
| MOBILE |  | EMAIL |  |

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| --- | --- | --- | --- | --- |
| Full name |  | | | |
| Position |  | | | |
| Relationship to the  applicant |  | | | |
| Contact details | Home |  | WORK |  |
| MOBILE |  | EMAIL |  |

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| **DOCUMENTATION AND PROOF OF IDENTITY** | | | |
| **Please list the documents that you have attached to this application form.** Enclose ONLY COPIES of original documents. Please provide two types of proof of identity (one photo ID, e.g. passport, driver’s license and one record ID, birth certificate, bank statement. A current practicing certificate by the Teaching Council of Aotearoa New Zealand (Teaching Council). | | | |
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| **DECLARATION** | | | |
| **I certify** that the information I have completed on this form is both complete and accurate in every detail and I understand that deliberate inaccuracies or omissions may result in non- acceptance of this application and/ or termination of employment | | | |
| **Signature:** |  | **Date:** |  |

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| **AUTHORISATION** | | | | |
| **Do you agree** to inquiries being made as to the accuracy of information contained in this application form or associated documents, or any other matter relating to your suitability for employment? Indicate YES or NO as appropriate. | | | **Yes** | **No** |
| **Present Employer** | | | **Yes** | **No** |
| **Past Employer** | | | **Yes** | **No** |
| **Other Referees** | | | **Yes** | **No** |
| **Former Principal(s)** | | | **Yes** | **No** |
| **Signature:** |  | **Date:** |  | |