**Central Regional Health School**

Application for appointment

IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position with our school. Please ensure you have a copy of the position description and person specifications before completing this application.

1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of the references.
3. Copies only of qualification certificates should be attached. If successful in your application you will be required to provide originals as proof of qualifications.
4. If you are selected for an interview you may bring whanau/support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
6. All applicants will be asked to give consent to a police vet. It is a requirement in the Education Sector for all employees to be vetted.

a) In terms of a Criminal Conviction, the Criminal Records (Clean Slate) Act 2004 provides certain convictions do not have to be disclosed providing:

• You have not committed any offence within 7 (consecutive) years of being sentenced for the offence and

• You did not serve a custodial sentence at any time (this would exclude serious offences such as murder, manslaughter, rape and causing serious bodily harm) and

• The offence was not a specified offence (specified offences are in the main sexual in nature) and

• You have paid any fine or costs

Custodial sentences include a sentence of preventive detention and corrective training. Non-custodial sentences include fines, reparation orders, community-based sentences and suspended sentences. Please note that you are not obliged to disclose convictions if you are an eligible individual but can do so if you wish. If you are uncertain as to whether you are eligible contact the Ministry of Justice.

b) Under the *Vulnerable Children Act 2014*, core workers in schools will not be covered by the Clean Slate.

All serious sexual or violent offenses against children will be included in their police vetting results. The Act will make it unlawful to employ people with convictions for these offenses, unless they have an exemption.

This application form and supporting documents will be held by the school. You may access it in accordance with the provisions of the Privacy Act 1993. If you have any queries, please contact the person cited in the advertisement.

**OFFICE USE ONLY: This page must be retained on file as part of the application; it must not be removed or destroyed.**

**APPLICATION FOR EMPLOYMENT**

Position applied for

Location

Vacancy/Reference No.

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|   |

Tick One

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| --- | --- | --- | --- | --- | --- |
| Mr [ ]  | Mrs [ ]  | Ms [ ]  | Miss [ ]  |  |  |

|  |
| --- |
| Or other preferred title:  |

|  |  |
| --- | --- |
| Surname/Family name | First names (in full) |
|  |  |

Are you known by any other name(s)? (if yes please provide below) Yes  No

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| --- |
|  |

Maiden Name (if applicable):

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Full postal address

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Email address

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Contact telephone numbers

|  |  |
| --- | --- |
| Private:  | Business:  |

Please tick the appropriate boxes:

|  |
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| Proof of identity and right to work check*Shortlisted applicants being interviewed will need to provide two types identification (one photo ID e.g. passport, New Zealand driver licence and the other a record ID e.g. birth certificate, bank statement, a bill).*Immigration information Are you a New Zealand citizen? Yes  No If not, do you have resident status, or Yes  No A current work permit Yes  No  |
| Have you ever received a police diversion for an offence? Yes  No If “Yes”’ please detail:  |
| Have you ever been convicted of a driving offence which resulted in Yes  No temporary or permanent loss of licence, or imprisonment? If “Yes”’ please detail:  |
| Are you awaiting sentencing/currently have charges pending? Yes  No If “Yes”’ please state the nature of the conviction/cases pending:  |
| In addition to other information provided are there any other factors Yes  No that we should know to assess your suitability for appointment and ability to do the job? If “Yes”, please elaborate:  |
| Have you ever been the subject of any concerns involving student safety? Yes  No If “Yes” please detail: |
| Have you had any injury or medical condition caused by gradual Yes  No process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this position may aggravate or contribute to? If “Yes”, please detail:  |
| Do you have a current New Zealand driver’s licence? Yes  No |

***Educational Qualifications:***

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| --- | --- | --- | --- | --- |
|  | **Name** | **Location** | **Number of years completed** | **Highest Qualification Gained** |
| **Secondary School** |  |  |  |  |
| **Private training Establishment PTE** |  |  |  |  |
| **Polytechnic** |  |  |  |  |
| **University** |  |  |  |  |
| **Other** |  |  |  |  |

***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.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Period worked****(please specify the length of service)** | **Employer’s name** | **Position held** | **Reason for leaving**  |
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***Referees***

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your most recent work performance (please indicate in the table below). 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 and address)** | **Phone (landline preferred)** | **Relationship** |
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*Authority to approach other referees*

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| --- | --- | --- |
| 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.  | Yes  | No  |
| I authorise the Board, or nominated representative, permission to access any information held by the Education Council of Aotearoa New Zealand (EDUCANZ) or any other educational organisation, including matters under investigation, to gather information related to my suitability for appointment to the position.  | Yes  | No  |

The position you have applied for requires specific knowledge, skills, attributes (Essential criteria) and personal characteristics. These are stated in the person specifications section of the position description. Please outline below how you meet each of these attributes and abilities. Even though you are attaching a C.V, please fill this out in full. The contact person cited in the advertisement can assist with any of the questions you may have.

| **Essential Criteria (Knowledge, skills, attributes and personal characteristics)**  | **Past roles in which you have demonstrated this knowledge, skills, attributes and personal characteristics** | **What did you do which demonstrated this?** | **Key achievements**  |
| --- | --- | --- | --- |
| **Teach effectively across the curriculum** |  |  |  |
| **CRHS systems and processes** |  |  |  |
| **Collaborative practice** |  |  |  |
| **Curriculum to Level 5** |  |  |  |
| **Current education theory and practice** |  |  |  |
| **Learners with diverse needs** |  |  |  |
| **Individual plans** |  |  |  |
| **IT knowledge and use** |  |  |  |
| **Personal and professional attributes** |  |  |  |
| **Registration and a current practising certificate and drivers licence** | ECANZ Number:Status:Expiry: | Driver licence details: |  |

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| --- |
| I certify that:* The information I have supplied is this application is true and correct.
* I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.
* I know of no reason why I would not be suitable to work with children/young people.
* 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 \_\_\_\_\_\_\_\_\_\_\_

**Note If completing this electronically a hard copy (signed) must be provided**

**Send applications to:**

Central Regional Health School

PO Box 9349

Marion Square

Wellington 6141

Email: vacancies@crhs.school.nz