**Ngā Mātāpuna o te Waihora Kahui Ako Learning Support Coordinator**

APPLICATION FOR APPOINTMENT

**Personal Information: Please provide some form of photo identification with this application.**

**Surname:**

|  |  |  |
| --- | --- | --- |
|  |  | **Preferred form of address – optional** (circle or highlight) |
| **First name/s:** |  |  | Mr |  | Mrs |  | Ms |  | Miss |  | **Dr** |
|  |  | **Telephone:** | **Mobile:** |
| **Address:** |  |  |  |
|  |  | **Email** |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Are you legally entitled to work in New Zealand?**Yes No****(Circle or highlight your response)** | **NOTE:** If appropriate, please attach evidence of eligibility to work in New Zealand. |

**Teacher Registration: Please provide a copy of your Practising Certificate with this application.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Teacher Registration Number:** |  | **Expiry date:** |  |

**Teaching Qualifications**

|  |  |  |
| --- | --- | --- |
|  | **Institution** | **Year Awarded** |
| Trained Teacher’s Certificate |  |  |
| Diploma of Teaching |  |  |
| Degree Qualifications |  |  |
| Other Academic Qualifications |  |  |

Current Employment

|  |  |
| --- | --- |
| Position Held: |  |
| Year Appointed: |  |
| School: |  |
| Location: |  |
| For the purposes of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purposes of reference checking?  | **Yes** | **No** |
| Highlight or circle one |

Previous Teaching Experience **(Continue on separate sheet if required)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position & Class level** | **From** | **To** | **School** | **Reason for Leaving** |
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Other Work Experience **(Continue on separate sheet if required)**

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| --- | --- | --- | --- | --- |
| **Position Held:** | **From** | **To** | **Employer** | **Relevance to this position** |
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**DECLARATIONS**

Health

|  |  |  |
| --- | --- | --- |
| Have you had any injury or medical condition caused by gradual process, disease or infection that will or may be aggravated by the tasks of this position? If, **YES,** please provide details: | **Yes** | **No** |
| Highlight or circle one |

Student Safety

|  |  |  |
| --- | --- | --- |
| Have you been the subject to any concerns related to student safety?If, **YES,** please provide details: | **Yes** | **No** |
| Highlight or circle one |

Convictions against the Law

|  |  |  |
| --- | --- | --- |
| Have you ever been convicted of any criminal offence (other than a minor traffic offence)? If, **YES,** please provide details and note that you may be asked to provide a copy of the relevant court records. | **Yes** | **No** |
| Highlight or circle one |
|  |
| Are you currently awaiting the hearing of any charges?If, **YES,** please provide details | **Yes** | **No** |
| Highlight or circle one |
|  |
| ***Please Note:***The Board reserves the right to contact authorities to verify any claim made. |

Please comment briefly on each area.

**In less than 150 words, what are the key skills and abilities you bring to this position?**

|  |
| --- |
|  |

**Experience in working with learners with significant needs.**

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| --- |
|  |

**Experience in leading or working with adults**

|  |
| --- |
|  |

**Experience in working with support agencies**

|  |
| --- |
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Other Relevant Information

|  |
| --- |
| If there is any other relevant information that would assist the Board in making its decision about your suitability or otherwise to fill the vacancy please outline this below: |
|  |

Referees

Please provide names, addresses and contact number of three (3) referees, one of whom is a current or previous employing board member (for principal applicants) or Principal (for teacher applicants) who can attest to your professional skills.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **1st** | **2nd** | **3rd** |
| Name  |  |  |  |
| Position |  |  |  |
| Address |  |  |  |
| Telephone Numbers | Mobile |  | Mobile |  | Mobile |  |
| Home |  | Home |  | Home |  |
| Work |  | Work |  | Work |  |
| Email | **Referee’s Email address** | **Referee’s Email address** | **Referee’s Email address** |
|  |  |  |
| Capacity in which you have known this referee. |  |  |  |

|  |
| --- |
| I consent to the Leeston School Board or their representatives seeking verbal or written information on a confidential basis about me from representatives of my previous employers, referees and any other persons, as necessary, for the purpose of ascertaining my suitability for the position for which I am applying.I understand that the information received by the school is supplied in confidence as evaluative material and will not be disclosed to me.Signature: ……………………………………………………………… Date: ……………………………………. |

|  |
| --- |
| DeclarationI …………………………………………………………………….. (full name) declare that to the best of my knowledge the information provided in this application and in my curriculum vitae enclosed, is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection, can result in my loss of entitlement for any compensation from ACC.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature Date  |

**Privacy Statement from Leeston School Board to Applicants**

The information that has been provided or will be provided to the Board in regard to this application will only be used for the purpose of determining the applicant’s suitability to fill the vacancy. Only the Board and their representatives will have access to the information. The curriculum vitae of the successful applicant will be kept on file along with their application. All referee reports along with other information gathered on applicants during the process will be destroyed.