

ASHGROVE SCHOOL

48 Seddon Street Rangiora 7400 Phone: 03 313 8552 Email: admin@ashgrove.school.nz Website: www.ashgrove.school.nz

TEACHING POSITION APPLICATION FORM

Please email to:

Ashgrove School admin@ashgrove.school.nz

Position applied for:

PERSONAL DETAILS						
Surname						
First Name						
Preferred Name						
Address						
Contact details	Home		Work			
	Mobile		Email			

Certified Teacher Status	\checkmark	Registration Number	Expiry Date
Certified Teacher			
Provisionally Certificated			
Not certificated			

Present Teaching Position		
School		
Date appointed		
Type of appointment		
Can we contact your principal ab	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 certificated service		
A. In permanent positions	years	months
B. In relieving positions	years	months

Professional Development *Please provide a summary of recent professional learning and development*

CONFIRMATION

1	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. 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.	YES	NO		
2	I am currently registered to teach in New Zealand.	YES	NO		
3	 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 board 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. Contact the Teaching Council 	YES	NO		
	 STUDENT SAFETY (Cross out the statement that doesn't apply to you) I have never been the subject of a complaint about the safety of a stude 	ent.			
4	• I have been the subject of a complaint about the safety of a student.				

Please give dates and details:

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

REFEREES

REFEREE'S DETAILS				
Full Name				
Position				
Relationship to the applicant	olicant			
Contact details	Private		Work	
	Mobile		Email	

REFEREE'S DETAILS					
Full Name					
Position					
Relationship to the applicant	Relationship to the applicant				
Contact details	Private		Work		
	Mobile		Email		

REFEREE'S DETAILS					
Full Name					
Position					
Relationship to the applicant	Relationship to the applicant				
Contact details	Private		Work		
	Mobile		Email		

Applicant's Signature

Date