## **Description: Description: Description: Description: Description: Dorie School LtthdApplication Form**

Please complete all sections of this form and sign and date it. Attach your curriculum vitae and a letter of application. You should submit these documents electronically.

# NAME AND CONTACT DETAILS

Family name**:**

First Name(s): Known as:

Telephone Numbers:

# CITIZENSHIP AND RIGHT TO WORK

Are you a New Zealand citizen or a permanent resident of NZ, or do you have the right to work in NZ?

Yes No

# HEALTH

Do you have any medical condition, injury or allergy that could affect your ability to carry out the duties of this position effectively or which the tasks of this position may aggravate or contribute to?

Yes No

If **YES,** please providedetails of the injury/medical condition. How is your performance likely to be affected?

# TEACHER REGISTRATION

Do you have NZ Teacher Registration?

### Yes No

Teacher Registration Number :

Practicing Certificate Expiry Date:

# CRIMINAL CONVICTIONS

###### **Have you been convicted of any offence against the law (apart from minor**

traffic convictions) or do you have any criminal charges pending or do you know of any other reason you should not be employed to work in a school/educational environment.

Note: Under the Clean Slate act you do not need to disclose certain convictions if you have not been convicted of an offence in the last seven years. You can find out more about what you must disclose on <http://www.justice.govt.nz/pubs/other/2004/clean-slate/english-clean-slate.pdf>

Yes No

If **Yes,** please provide details:

# DECLARATION

I certify the information provided on this form, in my CV and on supporting documents is correct and no relevant details have been omitted. I authorise the referees named in my Curriculum Vitae and any other person or organisation that Dorie School may approach, to disclose any information required for the purpose of assessing my suitability for employment and understand that all information gathered will remain confidential to the Dorie School Appointments Committee.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

This information will be used for the purposes of assessing and processing this application. Please note that if you give any false or misleading information or have omitted any important information during the appointment process, you may be disqualified from appointment, or if already appointed, may be liable for dismissal.