



POMALLIER CATHOLIC COLLEGE Te Kāreti Katorika o Pomapārie

State Highway 14, Maunu 0179
PO Box 10-042, Te Mai 0143
Whangarei, New Zealand
Tel: 09 438 3950 Fax: 09 430 0302
www.pompalliercollege.school.nz

APPLICATION FOR TEACHING POSITION

IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position within our school. Please ensure you have a copy of the position description and person specification 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. Attach the signed Special Character Statement and Special Character Job Description forms with your application.
4. Certified copies of Proof of Identity documents and qualification certificates should be attached. If successful in your application, you will be required to provide originals for certification.
5. If you are selected for an interview, you may bring whānau/support people at your own expense. Please advise if this is your intention.
6. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated, if any information is later found to be false.
7. All applicants will be asked to give consent to a police vet. It is a requirement under the Vulnerable Children Act 2014 for all employees to be vetted.
8. (a) In terms of a Criminal Conviction, the Criminal Records (Clean Slate) Act 2004 provides certain convictions do not have to be disclosed, subject to certain provisions.
(b) Under the *Vulnerable Children Act 2014*, **core workers** in schools will not be covered by the Clean Slate.
All serious sexual or violent offences against children will be included in their police vetting results. The Act will make it unlawful to employ people with convictions for these offences, 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.



POMPALLIER CATHOLIC COLLEGE APPLICATION FOR TEACHING POSITION

TEACHING POSITION APPLIED FOR

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PERSONAL DETAILS

(please tick one) Mr Mrs Ms Miss Other preferred title:

Surname / Family Name:

First Names (in full):

Are you known by any another name(s)? (If yes, please provide details below) Yes / No

.....

Postal Address:

.....

.....

Email Address:

Home Phone: **Cell Phone:**

Date of Birth: **Nationality:**

REGISTRATION AS A TEACHER IN NEW ZEALAND

(Please provide a certified copy of your Registration Card with your application)

Registration Number: **Full:** **Provisional:**

Expiry Date: **Subject to Confirmation:** **LAT:**

If no Certificate, have you applied for a Certificate? Yes / No **Date of Application:**

Name of Teacher Training Institute: **Completion Date:**

PROOF OF IDENTITY AND RIGHT TO WORK CHECK

(Please circle appropriate answer)

Please provide certified copies of two types of identification as per the Education Council requirements (one photo ID e.g. passport, NZ Drivers Licence, and the other a record ID e.g. Birth Certificate (post 1998), IRD Number, utility bill).

Are you a New Zealand Citizen? Yes / No

If not, do you have Resident's status, or; Yes / No

A current Work Permit Yes / No

CRIMINAL RECORD

As an educational institution those working within the College are placed in positions of trust. The College therefore requests that you answer the following questions.

The College may request disclosure of any record of criminal convictions (excluding those convictions protected from disclosure by the Criminal Records [Clean Slate] Act 2004) and/or your credit status. Such information may be sought where the information is necessary and relevant to the role (e.g. positions involving financial responsibilities). Do you consent to such a check?

Yes / No

Have you ever been convicted of a crime in New Zealand (excluding those convictions protected from disclosure by the Criminal Records (Clean Slate) Act 2004) or in any other country?

Yes / No

If yes, please detail:

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 temporary or permanent loss of licence, or imprisonment?

Yes / No

If yes, please detail:

Are you awaiting sentencing or 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 that we should know to assess your suitability for appointment and your ability to do the job?

Yes / No

If yes, please elaborate:

Have you ever been the subject of any referrals or complaints to the NZ Teachers' Council, or the Education Council?

Yes / No

If yes, please detail:

Have you ever been the subject of an Employer investigation?

Yes / No

Do you have a current New Zealand driver's licence?

Yes / No

EDUCATIONAL QUALIFICATIONS

(Please list your top two levels of qualifications and provide certified copies of your qualification documents)

Name	Location	Number of years completed	Highest Qualification gained

EMPLOYMENT HISTORY

(Please list your work experience for your last three positions. If this does not cover the last 5 years, please list more work history. Use a separate page if needed.)

Period worked (please specify the length of service)	Employer's name	Position held	Reason for leaving

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 email address)	Phone number(s)	Relationship

AUTHORITY TO APPROACH OTHER REFEREES

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 information regarding matters under investigation, to gather information related to my suitability for appointment to the position.

Yes / No

APPOINTMENT TO TAGGED POSITIONS

Applicants for tagged positions (ie. being willing and able to take part in religious instruction appropriate to the Special Character of the College) must complete the Special Character form (Form S464).

Forms are available from the College (or our website) and should be submitted with this application.

HEALTH & SAFETY

The following information is required to assist the College to meet its obligations under the Health and Safety At Work Act 2015 and the Injury Prevention Rehabilitation and Compensation Act 2001, and to assess your ability to do the job.

Do you suffer from, or have you suffered from, any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injury, back injury or strain, hearing loss, sensitivity to chemical, which the tasks of this position may aggravate or contribute to?

Yes / No

If 'Yes', please provide details:

Do you have any health conditions that could affect your ability to do the job?

Yes / No

If 'Yes', please provide details:

DECLARATION

I hereby certify that all the information I have supplied in 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 have disclosed any illness or injury which I believe might affect my capacity to undertake the duties involved in this position safely.

I certify that I am registered as a New Zealand Teacher and hold a current practising certificate.

I accept that the Pompallier Catholic College Principal may seek external confirmation relating to any of the details of my application.

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.

Signature: _____

Date: _____