



Application Form – Relieving Teacher

Before completing this form please read it through carefully, once these forms have been completed please contact the General Manager to make an interview time to discuss your application.

Emailed applications are preferred – please submit these to: oamaruka@ihug.co.nz

Alternatively, hand-deliver or post to: Oamaru Kindergarten Association, 138 Thames Street, P O Box 71, Oamaru 9444

- The information you provide on this application form is collected for the purpose of assessing your suitability for employment as a day to day reliever.
- Any additional material to support this application should be on A4 paper. Do not send original documents and do not enclose material that is bound or in clearfile folders, or similar.
- Use black pen and/or ensure that word processor material is dark enough to photocopy.
- You should provide complete, accurate information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for.
- Please bring the following documents to your interview:
 - original or certified copies of your qualifications;
 - proof of identity – including 1 x photo ID e.g. passport or drivers licence
 - proof of eligibility to work e.g. passport, birth certificate, work visa;
 - if applicable proof of name change
 - proof of residence in the community e.g. letter with your residential;
 - current Teacher Registration Practising Certificate; and
 - current First Aid Certificate.
- Please include your CV and covering letter.

Applicant Details

Full Legal Name:

Known by any other name:

Former Name, if any:

Home Address:

Home Phone Number:

Mobile Phone Number:

Email:

Education and Teacher Registration

Teacher Registration Number:

Full

STC

PRT

Date issued:

Expiry date:

Current First Aid Certificate: Yes No

If no, date expired:

Please provide details of any professional organisations you are a current member of (if relevant to this position):

Please provide details of your education and any qualifications relevant to this position. *Please bring original or certified copies of all your qualifications to your interview.*

Qualification:

Date issued:

Issuer of qualification:

Qualification:

Date issued:

Issuer of qualification:

Qualification:

Date issued:

Issuer of qualification:

Qualification:

Date issued:

Issuer of qualification:

Please provide details about your current and past employment and where appropriate include details for the preceding 5 years. For each position, please indicate whether it was full time(FT), part time(PT) or relieving (RE):

Current employment position and organisation:

FT RE PT weekly hours?

From (month/year)

To (month/year):

Reason for seeking an alternative position:

Previous employment position and organisation:

FT RE PT weekly hours?

From (month/year):

To (month/year):

Reason for Leaving:

Previous employment position and organisation:

FT RE PT weekly hours?

From (month/year):

To (month/year):

Reason for Leaving:

Please provide details of professional development completed during the past 3 years:

Please list your teaching skills and areas of interest which are particularly relevant to a relieving teaching position at Oamaru Kindergarten Association; please provide examples which demonstrate your strengths:

Please provide details of any other **relevant experience** or **other qualifications** in support of your application, excluding early childhood teaching positions:

What are your teaching strengths/skills and interests in the following areas:

Curriculum Implementation / your own area of strength.

Working with Families/Whānau.

Working in a team

Please describe your **personal teaching philosophy** and provide examples of how you evidence this in daily practice:

Please provide any other information which you feel is relevant?

General

Have you ever been charged with or convicted of a criminal offence? Yes No

If yes, please provide brief details:

Are you awaiting hearing of any charges for any offences? Yes No

If yes, please provide brief details:

Are you aware of any charges the Police may consider laying against you? Yes No

If yes, please provide brief details:

Have you at any time taken action against a current or former employer in order to resolve an employment dispute, including personal grievance action or other employment relationship problem?

Yes No

If yes, please provide brief details:

Have you ever had an injury or medical condition or gradual process injury or disease or infection that may be caused by, aggravated or further contributed to by the tasks outlined in the job description?

Yes No

If yes, please provide details:

Do you have any condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Yes No

If yes, please provide details:

How many days absence in your last 12 months of employment were stated by you or a medial practitioner to be due to sickness, injury and/or accident?

0-2 3-5 6-10 11-15 16-20 Over 20 days

Do you have the right of permanent residence in New Zealand or a valid work permit? Please bring evidence if you are interviewed for this position.

Yes No

Do you intend to engage in other paid work or Voluntary position whilst in this position?

Yes No

If yes, please provide brief details:

Provide details of referees you authorise us to contact including your current employer (if appropriate) to discuss and attest to your professional practise.

1/ Name:

Place of work:

Position:

Relationship to you:

Phone:

Email:

2/ Name:

Place of work:

Position:

Relationship to you:

Phone:

Email

3/ Name:

Place of Work:

Position:

Relationship to you:

Phone:

Email:

Please indicate your consent to the collection of personal information in support of this application:

I, _____ (*please write your full name*), hereby authorise the collection of personal information from any current or previous employer, training establishment or other agency or individual, for the purpose of determining my suitability for the kindergarten position for which I am applying, without further reference to me. Please specify below any agency or individual to whom you **do not** wish an approach to be made in relation to this application (*N.B. Your authority is required in accordance with the provisions of the Privacy Act 1993*):

I declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is give, or any material fact suppressed, I may not be accepted for employment, or if I am employed, I may be dismissed.

I certify that to the best of my knowledge all information provided in this application is true and correct.

Signature:

Date: