



Application Form – Non-Teaching Staff

Before completing this form please read it through carefully, taking note of the information provided on the vacancy advertisement. **Late or incomplete applications will not be accepted.**

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.
- When authorised by the applicant, attachments to this application form will be retained by the Association for a maximum of 12 months. Except when requesting the use of previously submitted attachments, all supporting material must be attached to this application form. (Refer to Future Use Section).
- You have a right of access to personal information (excluding any material of an evaluative nature) and to seek any correction you think necessary to ensure accuracy.
- 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.
- Should you fail to fully complete any section(s) of this form or your application is late, your application for employment will not be given further consideration
- Should you be invited to interview, please bring the following:
 - 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 community e.g. letter with your residential address; and
 - completed New Zealand Police – Vetting Service Request and Consent Form.
- A full application is required for each position applied for. Please include your CV and covering letter.
- 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 note all employment offers are subject to a satisfactory police check.

Applicant Details

Full Legal Name:

Known by any other name:

Former Name, if any:

Home Address:

Home Phone Number:

Mobile Phone Number:

Email:

Where did you originally see this position advertised?

Position you are applying for:

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. *Should you be invited to interview, please bring original or certified copies of all your qualifications.*

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 any other relevant experience in support of your application and which is not included in your CV:

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

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 to discuss your suitability for employment, including your current employer; we will make contact only if you are the preferred candidate.

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 whether you want the attachments to this application form held on file for a maximum of 12 months in order that they can be used with future application for vacancies of a similar nature.

Yes ☐

No ☐

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 given, 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:



Vetting Service Request and Consent Form

Name of Approved Agency submitting vetting request:

Section 2:

Applicant to complete and return to Approved Agency

(the Approved Agency will submit the vetting request to NZ Police and receive the vetting result)

PERSONAL INFORMATION

Details (note: the name you are most commonly known by is your primary name)

*Family name:
(Primary)

First name(s):
(Primary)

*Gender:

(M) (F) (Other)
☐ ☐ ☐

*Date of birth:
(dd/mm/yyyy)

*Place of birth:
(town/city/state)

*Place of birth:
(country)

NZ Driver Licence number:

(*where held - for ID verification by NZ Police)

If applicable, please include other names and mark them A, M, or P as appropriate:

(A) alias or alternate name(s)

(M) married name if not primary name

(P) previous/maiden/name changed by deed poll or statutory declaration

Family name:

(A) (M) (P)
☐ ☐ ☐

First name(s):

(A) (M) (P)
☐ ☐ ☐

Family name:

(A) (M) (P)
☐ ☐ ☐

First name(s):

(A) (M) (P)
☐ ☐ ☐

Family name:

(A) (M) (P)
☐ ☐ ☐

First name(s):

(A) (M) (P)
☐ ☐ ☐

Family name:

(A) (M) (P)
☐ ☐ ☐

First name(s):

(A) (M) (P)
☐ ☐ ☐

Permanent New Zealand Residential Address

*Number/Street:

Suburb:

Post Code:

*City/Town/
Rural District:

*Period of
Residence:

*Denotes a mandatory field

Section 2:
continued

Applicant to complete and return to Approved Agency
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CONSENT TO DISCLOSURE (for a New Zealand Police Vet)

- for further information, see <http://www.police.govt.nz/advice/businesses-and-organisations/vetting>

I acknowledge and understand as follows:

1. The information about me that NZ Police may consider relevant to my application and release in vetting comprises any conviction history and, for certain agencies, infringement/demerit reports; and it may include any other information such as active charges and warrants to arrest, any information received or obtained by NZ Police, and any interaction I have had with NZ Police in any context (including family violence), even where I have not been charged, or charges are withdrawn, or I have been acquitted (not guilty) of a charge, or I have been discharged without conviction.
2. Any conviction history will be released in accordance with the Criminal Records (Clean Slate) Act 2004; this means that, if I am 'eligible' for clean slate (e.g. no convictions for 7 years, never been to prison, no convictions for specified sexual offending, etc – see section 7 of the Act):
 - a. my criminal record of convictions will not be disclosed; but
 - b. if the role for which I have applied is an exception to the clean slate scheme (e.g. predominantly involving care and protection of a child or young person), my criminal record of convictions will be disclosed.
3. Where relevant information is subject to statutory or Court-ordered name suppression or prohibitions on disclosure, or other constraints on disclosure such as expectations of confidentiality or the protection of active criminal investigations or the safety of individuals, NZ Police may issue an alternative vetting result stating the existence of relevant non-disclosable information, without details.
4. Where new information is obtained by NZ Police after the completion of my Police vet, NZ Police may disclose this information to the Approved Agency, and where appropriate to the Vulnerable Children Act Exemptions Administrator, if the information is considered relevant to the purpose of the Police vet.
5. The personal information I provide in this form is being collected for vetting purposes, and may also be used for the purpose of updating NZ Police records.
6. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency who will immediately notify NZ Police to cease the vetting process (any fee remains payable by the Approved Agency).
7. I am entitled to access the vetting result released to the Approved Agency and seek correction of Police information about me in accordance with the Privacy Act 1993 by making a request to the 'Approved Agency' in the first instance.
8. No later than twelve months after the release of the vetting result, the Approved Agency will securely dispose of this consent form and copies of identification documents, as well as the vetting result released by NZ Police, unless a longer retention period is required by legislation applying to the Approved Agency.
9. The information I have provided in this form relates to me and is correct.

Applicant's Authorisation:

- ☐ I have read and understood the information above
- ☐ I authorise NZ Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

Signed in electronic form:
[mark box]



OR

Signature:

Date: