

ONEHUNGA HIGH SCHOOL



APPLICATION FORM FOR TEACHING STAFF POSITION

“Personalised knowledge-rich curriculum, with a focus on academic excellence to enable every student to achieve their aspirations at Onehunga High School and beyond”

Thank you for applying for a teaching position at Onehunga High School

JOB DETAILS	
Vacancy as advertised	
INFORMATION TO BE SUBMITTED	
<input type="checkbox"/> A formal letter of application <input type="checkbox"/> curriculum vitae (CV) <input type="checkbox"/> Copies of Evidence of Identity Documentation	

IMPORTANT INFORMATION

Applicants may not be employed as a children's worker if they have been convicted of a specified offence listed in Schedule 2 of the Vulnerable Children Act 2014, unless they obtain an exemption. The Criminal Records (Clean Slate) Act 2004 will not apply to these specified offences and these offences will be included in your Police vetting results.

The Clean Slate Act provides certain convictions do not have to be disclosed providing:

- you have not committed any offence with 7 consecutive years of being sentenced for the offence
- you did not serve a custodial sentence at any time
- the offence was neither a specified offence under the Clean Slate Act 2004 nor a specified offence under the Vulnerable Children Act 2014
- you have paid any fines or costs

Please note that you are not obliged to disclose convictions if you meet the above conditions but can do so if you wish. If you are uncertain as to whether you are eligible contact the Ministry of Justice.

PERSONAL DETAILS:	
Name:	Title:
Address:	Mobile Phone:
Registration No:	Email:
Expiry Date:	

CITIZENSHIP / RIGHT TO WORK (If applicable please attach a photocopy of the visa with your application)

Are you a New Zealand citizen? ☐ YES ☐ NO - go to next question
If not, do you have resident status. ☐ YES ☐ NO - go to next question
A current work permit employed in NZ ☐ YES ☐ NO – you may not

If yes above, then add details of your Visa Type and Visa Number:

NEW ZEALAND PRACTISING CERTIFICATE www.educationcouncil.org.nz

Teacher Practising Certificate Number: Teacher Practising Certificate Expiry:
Certificate Status: ☐ FULL ☐ PROVISIONAL ☐ SUBJECT TO CONFIRMATION

REFEREES: (NB: one of these should be your current or recent employer)

1 Mobile Phone (must be supplied):
Name: Email:
Address: Relationship to candidate:

2 Mobile Phone (must be supplied):
Name: Email:
Address: Relationship to candidate:

3 Mobile Phone (must be supplied):
Name: Email:
Address: Relationship to candidate:

TERTIARY EDUCATION QUALIFICATIONS - include teacher training

Institution Attended	Year(s)	Qualifications / Certificate Attained	Date Awarded

PRESENT EMPLOYER:

Name of present employer:

Mobile Number:

Position held:

Date commenced:

Work Number:

Address:

Subjects and levels taught:

EMPLOYMENT HISTORY (continue on separate sheet if necessary)

Position Held	School & Address	Date from	Date to	Reason for Leaving

PROFESSIONAL MEMBERSHIPS (Please give details)**OTHER INFORMATION**

Have you had an injury or medical condition caused by gradual process, disease or infection – for example hearing loss, occupational overuse syndrome – which the tasks of this job may aggravate or contribute to?

☐ YES ☐ NO

If yes, please give details of the injury/condition below. How is your performance likely to be affected?

Do you have a current New Zealand drivers licence?

☐ YES ☐ NO Number:

Do you have a current First Aid certificate?

☐ YES ☐ NO Issuing Organisation:

CRIMINAL CONVICTIONS

The Onehunga High School Board of Trustees requires you to disclose all convictions unless they are covered by the Criminal Records (Clean Slate) Act 2004.

WHAT MUST YOU DISCLOSE?

You must declare all of your convictions in the table below if you have:

- been convicted of an offence within the last 7 years; or
- been sentenced to a custodial sentence (e.g. imprisonment, corrective training); or
- been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced; or
- been convicted of a 'specified offence' (e.g. sexual offending against children and young people or the mentally impaired); or
- not paid in full any fine, reparation or costs ordered by the Court in a criminal case; or
- been indefinitely disqualified from driving under section 65 of the Land Transport Act 1998 or earlier equivalent.

PLEASE ANSWER THE FOLLOWING BASED ON THE ABOVE CRITERIA. TICK ONE BOX ONLY:

- ☐ No, none of the above criteria applies to me or I have no convictions, am awaiting sentencing or have charges pending. *Go to the next section.*
- ☐ Yes, at least one of the criteria applies and I will disclose my criminal convictions in the table below:
Disclosure of Criminal Convictions.

OFFENCE

Offence	Year Committed	Details of Fine/PD/Supervision/Imprisonment

EVIDENCE OF IDENTITY

Please attach to your application two forms of identification as detailed below. If short listed, please bring originals with you so that these can be sighted. **One MUST be photographic.**

Primary Identification Document

- This includes NZ passport, overseas passport, NZ emergency travel document, NZ refugee's travel document, NZ certificate of identity, NZ firearms licence, NZ full birth certificate (issued on or after 1/1/1998 and must carry a unique ID number), NZ citizenship certificate.

Secondary Identification Document

- This includes NZ drivers licence, 18+ card, Community Services Card, NZ student photo identification card, NZ employee photo identification card, NZ electoral roll record, IRD number, NZ issued utility bill (issued not more than 6 months earlier), SuperGold/Veteran SuperGold card.

PRIVACY ACT 2020

This application is submitted with the understanding that any further information given is for the use of the employer and their authorised representatives who may at any time have access to this information.

Consent is given for members of the Onehunga High School Board of Trustees or nominated representative to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for appointment to the position.

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.

Applicant's Signature:

Date:

DECLARATION

I certify that:

- The information provided is **correct** and **no relevant material/information has been omitted**.
- 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 understand that this information **will be used for the purposes of processing this application** and any review that may result from an appointment. Please note that if you give any incorrect or misleading information or have omitted any important information during the appointment process, you may be **disqualified from consideration or, if appointed, be liable for dismissal**.

I solemnly and sincerely declare that to the best of my knowledge and belief the information given in this application and in my CV is correct.

Applicant's Signature:

Date:

EQUAL EMPLOYMENT OPPORTUNITY (EEO) STATISTICAL INFORMATION

To comply with the State Sector Act 1988, we are required to collect statistical information to monitor Equal Employment Opportunities. This information is voluntary and is gathered for statistical purposes only.

It will not form part of your application for this position.

Gender (Please specify):

Ethnicity - Please tick the appropriate boxes:

- ☐ Pakeha/New Zealand European (Please specify)
- ☐ Indian (Please specify)
- ☐ Māori (Please specify)
- ☐ Pasifika (Please specify)
- ☐ Other European (Please specify)
- ☐ Middle Eastern/Latin American/African (Please specify)
- ☐ Asian (Please specify)
- ☐ Other ethnic origin (Please specify)

Disability

The following is the *Recommended International Standard of Disability* used by the World Health Organisation:

'Activity is limited by a long-term condition or health problem that has lasted six months or more (or is expected to last six months or more).'

Do you consider yourself to be in this category?

- ☐ YES ☐ NO