

 Deputy Principal Application Form

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| **Personal Details** |
| Last Name |  |
| First Names |  |
| Preferred Name |  |
| Address |  |
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| Phone Numbers | Home: | Mobile: |
| Email address |  |
| Registration Status | ロFully CertificatedロProvisionally CertificatedロNot CertificatedExpiry Date: |

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| **Educational Qualifications** |
| **Type of Qualification** | **Date Received** | **Received from** |
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| **Employment History** |
| *Please include details of your work history* |
| **Employer** | **Position** | **Period of Employment** | **Class Level** |
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*Please provide the names of 3 people who could act as a referee for you. Referees’ reports are confidential.*

**Referees**

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| **Referee’s details** |
| Full Name |  |
| Organisation |  |
| Position / Relationship |  |
| Contact Details | Phone Number |  |
|  | Email Address |  |

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| **Referee’s details** |
| Full Name |  |
| Organisation |  |
| Position / Relationship |  |
| Contact Details | Phone Number |  |
|  | Email Address |  |

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| **Referee’s details** |
| Full Name |  |
| Organisation |  |
| Position / Relationship |  |
| Contact Details | Phone Number |  |
|  | Email Address |  |

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| **Confirmation** |
| * I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked.
* 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 dismissed
 | ロYes ロNo |
| I am currently registered to teach in New ZealandRegistration Number: | ロYes ロNo |
| In accordance with the Privacy Act, I authorise The School Board to:* Obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the board
* Obtain information in relation to my application from persons not listed as referees, and I consent to these persons disclosing pertinent information to the board.
* Contact the Teaching Council.
 | ロYes ロNo |
| **Student Safety** |
| *Please cross out the statement that does not apply:*I have never been the subject of a complaint about the safety of a student.I have been the subject of a complaint about the safety of a student. *Please give dates and details:* |
| **Offences against the law** |

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| Have you ever had a criminal conviction?*If ‘yes’ please give dates and details:* | ロYes ロNo |
| Have you ever received police diversion for an offence?*If ‘yes’ please give dates and details:* | ロYes ロNo |
| Have you ever been discharged without conviction for an offence?*If ‘yes’ please give dates and details:* | ロYes ロNo |
| Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence or imprisonment?*If ‘yes’ please give dates and details:* | ロYes ロNo |
| Are you awaiting sentencing or do you have pending charges of an offence against the law. *If ‘yes’ please state the nature of the charges and give dates and details:* | ロYes ロNo |
| I know of no reason why I would not be suitable to work with children or young people. | ロTrue ロFalse |
| In addition to the information provided, are there any other factors that we should know about to assess your suitability for appointment and your ability to do the job?*If ‘yes’ please give details:* | ロTrue ロFalse |
| **Confirmation** |
| I certify that:* The information that I have supplied in this application is true and correct
* I confirm in terms of the Privacy Act 2020 that I have authorised access to my referees
* I know of no reason why I would not be suitable to work with children/young people
 |

**Date:**

**Signature:**

* I understand that if I have supplied incorrect or misleading information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

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| **Equal Employment Opportunities Form** |
| *This sheet is for E.E.O. information only. It will be removed before the panel considers your application:* |
| Gender: | Date of Birth: |
| **Ethnic origin (***Please tick from the list below):** New Zealand European
* New Zealand Maori
* Samoan
* Cook Island Maori
* Tongan
* Chinese
* Indian
* Niuean
* Tokelauan
* Fijian
* Other European – please state:
* Other ethnic groups – please state
 |
| **Disability**Do you live with the effects of injury, long term illness or disability? ☐ Yes ☐ No If yes, does your disability/injury/illness affect your:* Movement
* Vision
* Respiration/breathing
* Hearing
* Speech
* Emotional/mental health
* Concentration
* Other – please specify

Do you need any technical aids, equipment, or adaptations to your workplace, to make your work easier or to increase your performance? ☐Yes ☐NoIf yes, please provide information: |