



Wharenui School

Deputy Principal Application Form

Personal Details

Last Name		
First Names		
Preferred Name		
Address		
Phone Numbers	Home:	Mobile:
Email address		
Registration Status	<input type="checkbox"/> Fully Certificated <input type="checkbox"/> Provisionally Certificated <input type="checkbox"/> Not Certificated Expiry Date:	

Educational Qualifications

Type of Qualification	Date Received	Received from

Referees

Please provide the names of 3 people who could act as a referee for you. Referees' reports are confidential.

Referee's details		
Full Name		
Organisation		
Position / Relationship		
Contact Details	Phone Number	
	Email Address	

Referee's details		
Full Name		
Organisation		
Position / Relationship		
Contact Details	Phone Number	
	Email Address	

Referee's details		
Full Name		
Organisation		
Position / Relationship		
Contact Details	Phone Number	
	Email Address	

Confirmation

<ul style="list-style-type: none">• 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am currently registered to teach in New Zealand Registration Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
In accordance with the Privacy Act, I authorise The School Board to: <ul style="list-style-type: none">• 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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

<p>Have you ever had a criminal conviction? <i>If 'yes' please give dates and details:</i></p> <p>Have you ever received police diversion for an offence? <i>If 'yes' please give dates and details:</i></p> <p>Have you ever been discharged without conviction for an offence? <i>If 'yes' please give dates and details:</i></p> <p>Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence or imprisonment? <i>If 'yes' please give dates and details:</i></p> <p>Are you awaiting sentencing or do you have pending charges of an offence against the law. <i>If 'yes' please state the nature of the charges and give dates and details:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>I know of no reason why I would not be suitable to work with children or young people.</p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>
<p>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? <i>If 'yes' please give details:</i></p>	<p><input type="checkbox"/> True</p> <p><input type="checkbox"/> False</p>

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

- 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.

Signature:

Date:

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 No

If yes, please provide information: