

APPLICATION FOR EMPLOYMENT – TEACHER/HEAD TEACHER

INSTRUCTIONS FOR COMPLETION OF THIS APPLICATION

- Applicants must complete this form and must ensure that your answers are kept within the spaces provided. Any additional paper will not be considered.
- All supporting material accompanying this application must be on A4 paper. Do not send original documents and do not enclosed material in clearfile folders or similar.
- Use a black pen and/or ensure that material produced by a computer or similar is dark enough to photocopy
- 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.

Position/s Applied For: (in order of preference)

Applicants Name:

For Office Use

Application received and acknowledged	Date
References received	Date Date Date
Short listed	Yes No
Not short listed	Letter sent: dated
Interviewed	Date sent:
Successful letter sent	Date
Unsuccessful letter sent	Date
Application material	Returned: Filed

KINDERGARTEN TEACHER APPLICATION FORM

Before completing this form please read through carefully, taking note also of information printed in the Education Gazette with the kindergarten advertisements. Late applications will not be accepted. Unless there is a stamped addressed envelope CV's will not be returned.

INSTRUCTIONS FOR COMPLETION OF THIS APPLICATION

- Applicants must complete this form and may use additional pages where necessary.
- All supporting material accompanying this application must be on A4 paper. Do not send original documents and do not enclose material in clear file folders or have them bound. You are welcome to include a copy of your Curriculum Vitae with your application.
- 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.

PERSONAL DETAILS

Last Name	
First Names	
DOB	
Nationality	
Title	<input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mr
Contact Details	Address: Phone Number: Mobile Phone: Email Address:
When are you available to take up the new position?	

QUALIFICATION ASSESSMENT

Please detail your Early Childhood Qualifications including dates they were awarded. Attach copies.	
Where was your ECE training undertaken?	
Other qualifications	
Current Study	

POSITION APPLICATION

You may respond on this form or prepare a typed response for this section. Please use the same headings and question numbers as on this application form.

1. Please provide a statement of your Teaching Philosophy.

2. Ability to implement Te Whariki. Please provide details how you plan, implement and evaluate programmes, both for individual children and groups.

3. Ability to establish positive relationships with children – including Positive Guidance Strategies.

4. Ability to work effectively and form positive relationships with parents / whanau which ensures that recognition is given to parents as having a major role in the decision making concerning their child

5. Supporting and working with colleagues and students.

6. Communication skills – include statements on when working with staff, communicating with parents / whanau.

7. Please describe how you would ensure that the kindergarten /centre is responsive to the needs of families.

8. How do you recognise the importance of the wider community in providing the best care and education for children?

9. How do you incorporate the principles of the Treaty of Waitangi, including Te Reo and Tikanga Maori into the programme.

10. Please provide details of your administration skills including the use of ICT

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11. Please provide details on your knowledge of Legislative requirements.

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12. Please provide details of recent Professional Development. Please list your last two years of Professional Development Record and include one example of how it impacted on your teaching.

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13. Please provide details of specific teaching skills, strengths and interests.

14. Please list any personal attributes and dispositions that you can bring to this position.

15. PREVIOUS CONVICTIONS

Have you ever been convicted of any offence against the law (apart from Minor traffic convictions)?

Yes () No () If yes please provide brief details.

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16. HEALTH

Is there any reason why you may not be able to perform the essential functions of the position you are applying for?

Yes () No () If yes please provide brief details.

Note: Please find attached a medical information consent form that is to be completed as part of this application. If your application is successful you will be required to provide a Health and Medical Status and History Declaration.

17. REFEREES REPORTS:

You may arrange for the provision of up to three referees reports from persons able to provide comment on your professional work. Report forms are available from the Kindergarten Association and should be forwarded to the referees with an envelope stamped and addressed to the Appointments Committee as shown in the Education Gazette. You are required to complete part of the report form.

Subject to the approval of the referees concerned, referees report forms will be held on file at the Office for a maximum of 12 months. At your request they may be used for subsequent applications for this Association.

Referees report to be used with this application (please indicated whether these are currently held on file)

- 1. _____ Yes () No ()
- 2. _____ Yes () No ()
- 3. _____ Yes () No ()

18. PERSONAL INFORMATION DISCLOSURE AUTHORITY

I (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.

(signature)

Please specify below any agency or individual to whom you do not wish an approach to be made in relation to this application.

NB Your authority is required in accordance with the provisions of the Privacy Act 1993.

19. Note: All applications are required to be held on file for a minimum of 12 months whether your application for employment is successful or not.

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 applications for vacancies of a similar nature Yes () No ()

Please note that incorrect or misleading or the omission of important information may disqualify you from appointment or if to the position, make you liable for dismissal.

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

Signature:

Dated:



Medical Information Consent Form

Applicant – *please complete*

(Consent for the Collection and Release of Information regarding an Application for Employment)

First Name: _____	Last Name: _____
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Position (applying for): _____

I _____ authorise the collection and release of such information about myself by the Whanganui Kindergarten Association that is required upon the successful application for employment. I understand that this authority extends to appropriate medical personnel including General Practitioners, ACC, specialists, assessment agencies and employers; but only to the extent required by the specific circumstances of a claim.

I understand that this information will only be used to fulfil the requirements of the Employment Relations Act 2000, the Injury Prevention, Rehabilitation and Compensation Act 2001 and the Health and Safety in Employment Act 1992, and that in the collection, use and storage of this information, the Whanganui Kindergarten Association will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994. I understand that, within the provisions of the Privacy Act and the Code, I have the right of access to and that I may request correction of information that the Whanganui Kindergarten Association holds about myself.

Signature of Applicant

Date

Full Name of Applicant