

APPLICATION FOR POSITION OF RESPONSIBILITY

Personal Profile

Please complete this form and return it with your CV and Professional Profile

1. Personal Information

Full Name:

Surname

First Name(s)

Address:

Telephone:

Private

Mobile

Fax

Email

Place of Birth:

Date of Birth:

Nationality/
Citizenship

Are you legally entitled to work in New Zealand

Yes

No

Where appropriate, please attach evidence of eligibility to work in New Zealand.

Current Driver's Licence:

Yes

No

MoE No:

2. Educational Qualifications

Please circle/add

Equivalent level: TTC/DipTch/Degree Qual _____

Date of Certification: _____

Teacher's Registration No. & Practising Certificate _____

Expiry Date: _____

Degrees/Diplomas: _____ Year: _____

_____ Year: _____

Other Qualifications: _____

3. Current Employment

Position: _____ Date appointed: _____

School/Institution: _____ Grade: _____

Location: _____

Immediate supervisor/employer:

Name: _____ Position: _____

Add contact details if not used as a referee

Address: _____ Phone: _____
Work

_____ Phone: _____
Home

For the purpose of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purpose of reference checking?

Yes

No

4. Professional skills and experience:

- Please tick where you have had **direct** responsibility/or involvement:

- curriculum planning and development
- assessment and reporting systems (policy, practice)
- pastoral care, guidance systems/network, health and safety
- senior / middle management
- finance / budget
- professional development and staff training
- performance appraisal
- ICT training
- co-curricular / extra curricular activities

5. Medical/Health

- Please describe any injury or illness you have had that may affect your ability to effectively carry out the duties and responsibilities of the position.
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- Do you have any other known condition that may affect your ability to carry out the duties and responsibilities outlined in the job description? If yes, please provide the details.
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- Do you smoke? **Yes** **No**

I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

5. Convictions

- (a) Have you ever been convicted of any criminal offence (other than a minor traffic offence?)

Yes **No**

- (b) If YES, please provide the date and details of the offence, the penalty, or reason, together with any comments you may wish to make.
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- (c) Are you currently awaiting the hearing of any charges?

Yes **No**

Please note:

- You may be asked to provide a copy of the relevant Court record(s) obtained from the Police and the Board reserves the right to contact authorities to verify any claim made.
- Failure to provide correct and true details on any conviction or other reason for possible unsuitability will make you liable to dismissal from the employment of the Botany Downs Secondary College Board of Trustees, should you be the successful applicant.

6. Referees

Please provide names, addresses and phone numbers of three (3) referees, one of whom is a BOT member and/or the Principal you have worked with.

(i) Name: _____
Address: _____

Telephone: _____
Private Business
Capacity in which you have known this person: _____

(ii) Name: _____
Address: _____

Telephone: _____
Private Business
Capacity in which you have known this person: _____

(iii) Name: _____
Address: _____

Telephone: _____
Private Business
Capacity in which you have known this person: _____

I consent to the school seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released to the Board of Trustees and the Appointments Sub-Committee of Botany Downs Secondary College for the purpose of ascertaining my suitability for the position for which I am applying.

I understand that the information received by the school is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: _____ Date: _____

7. Declaration

(A)

I, _____ (full name)

authorise the Board of Trustees of Botany Downs Secondary College and its Personnel Committee to make any reasonable inquiries concerning my background to assist in accessing my suitability for the position I am applying for.

(B)

I, _____ (full name)

declare that to the best of my knowledge the information provided in this application and in any curriculum vitae enclosed is accurate and I understand that if any false or misleading information is given, or any material fact is suppressed or deliberately omitted, I will not be employed, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation for ACC.

Signature: _____

Date: _____