

# APPLICATION FOR POSITION OF DEPUTY PRINCIPAL

## 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**

## 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: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Work

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 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 Appointments 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: \_\_\_\_\_