



PROGRESSIVE, IT'S OUR TRADITION

Job Application Form Preschool Teacher

Please fill in this form and return it, together with your CV and any other material you consider relevant to people@qmc.school.nz

Position applied for:

If your application is successful, the information will form part of the School's personnel records. Information relating to unsuccessful applicants is destroyed. The above statements are made in accordance with the Privacy Act 2020.

Personal Details

Title

First Name *

Surname *

Street Address *

Suburb *

Town, City *

Postcode

Mobile Phone *

Home Phone

Email *

Classification of Teacher Registration (please tick the box that applies to you)

Full Provisional Subject to Confirmation

A New Zealand Registered Teacher

Yes No

(please tick the box that applies to you)

Registration Number:

Expiry Date:

(Please attach a copy of your current Teacher Registration Card)

Present Employment

Current Teaching Position:

Workplace:

Salary Step:

(please attach a recent payslip)

Availability

Date available to start or period of notice required in current employment:

Your Entitlement to Work

I am entitled under the Immigration Act 2009 to do the work for which this application applies: *

- I am a New Zealand citizen (or an Australian citizen)
- I hold a New Zealand residence permit
- I hold a work permit with conditions permitting this employment
- I hold a visitor or student permit with conditions permitting this employment

Other entitlements please specify:

Health & Safety

The following information is required to assist the School to meet its obligations under the Health and Safety in Employment Act 2015 and the Injury Prevention Rehabilitation and Compensation Act 2001, and to assess your ability to perform the duties of the position safely.

Do you suffer from or have you suffered from any injury or medical condition caused by gradual process, disease or infection (e.g repetitive strain injury, occupational overuse syndrome, back injury or strain, hearing loss, sensitivity to chemicals) which this job may aggravate or contribute to? * Yes No

If you answered 'yes' please provide details:

Do you have any health condition/s which could affect your ability to do this job? * Yes No

If you answered 'yes' please provide details:

Declaration:

'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.'

Signed:

Date:



Criminal Records

As an educational institution those working within the School are placed in positions of trust. The School therefore requests that you answer the following questions.

The School may decide to check your record for criminal convictions and/or your credit status. Do you consent to such a check? * Yes No

Have you **ever** been convicted of a crime in New Zealand or in any other country? * Yes No

Are there any charges against you yet to be heard? * Yes No

If you answered 'Yes' to either or both of the above questions please provide details:

Statistical Information

Where did you hear of this vacancy?

Addition Information

Please ensure you have attached your resume, cover letter, qualification(s) and details of service (previous Pre-School/ECE teaching experience) and anything you might think relevant to support your application.

- Resume
- Cover Letter
- Details of Service if not clear in resume
- Last Payslip

Application Statement

I _____ do certify that the above information is full and correct. I understand that if any false information is given or any material fact suppressed I may be disqualified from consideration or if appointed I may be dismissed.

Signature of applicant: Date: