



ESOL Part-time (0.8 or 4 days) Teacher Years 1 - 8

CONFIDENTIAL

This information is collected for the purpose of assessing your suitability for employment at Balmoral School. Please complete all sections and sign:

PERSONAL

Full Name: (Surname) _____

(First Name) _____

(Preferred Name) _____

Date of Birth: _____

Postal Address: _____

Home Phone: _____ **Mobile:** _____

Work Phone: _____ **Ext:** _____

Email: _____

TEACHER REGISTRATION and CITIZENSHIP

TEACHER TRAINING QUALIFICATIONS (Name of qualification, date of completion and college / university)

I confirm that I hold:

1. **Current teacher registration:** Provisional / Subject to Confirmation / Full
Please circle

Practising Certificate number: _____ **Expiry date:** _____

CITIZENSHIP

1. Are you a New Zealand citizen? Yes No
If no, do you have Permanent Residential Status? Yes No

EDUCATIONAL QUALIFICATIONS (name of degree, diploma, etc. Date of completion and University/College)

EMPLOYMENT HISTORY

Present or Most Recent Employer

Organisation/School _____

Address _____

Position Held _____

Main Duties _____

Responsibilities _____

Length of Service: _____

Reason for Leaving: _____

Next Most Recent Employer

Organisation/School _____

Address _____

Position Held _____

Main Duties _____

Responsibilities _____

Length of Service: _____

Reason for Leaving: _____

Next Most Recent Employer

Organisation/School _____

Address _____

Position Held _____

Main Duties _____

Responsibilities _____

Length of Service: _____

Reason for Leaving: _____

Please list any other previous employers

<i>Employer</i>	<i>Position Held</i>	<i>Length of Service</i>	<i>Reason for Leaving</i>

CV and REFERENCES

A Curriculum Vitae and copies of any references or testimonials you wish to provide in support of this application should be provided.

REFEREES

I agree to the referees provided to Balmoral School Board of Trustees, in respect to my application for the position of teacher, being contacted for the purposes of considering my suitability for the position.

I also agree that the board may make further verbal or written enquiry from the referees provided and people associated with my previous employment.

1. Name: _____ Position: _____

Address: _____

Contact Phone Numbers: Work: _____ ext. _____

Home: _____ Mobile: _____

Relationship to yourself: _____

2. Name: _____ Position: _____

Address: _____

Contact Phone Numbers: Work: _____ ext. _____

Home: _____ Mobile: _____

Relationship to yourself: _____

3. Name: _____ Position: _____

Address: _____

Contact Phone Numbers: Work: _____ ext. _____

Home: _____ Mobile: _____

Relationship to yourself: _____

CONFIRMATION

I (Name) solemnly and sincerely declare that to the best of my knowledge and belief the information given in this application and in my C.V. is correct. I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment may be terminated. I understand that this information may be verified.

Applicant's Signature

Date

Applications must be with:

The Principal
Balmoral School
19 Brixton Road
Mt. Eden
AUCKLAND 1024

Or email to: office@balmoral.school.nz

Phone (09) 638 7960

By 3pm Friday 5th February 2021



DECLARATION FORM

Pre-Employment Medical/Safety Checks

MEDICAL DECLARATION

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?

Do you have any other known condition that may affect your ability to carry out the duties and responsibilities outlined in the Job Description?

Yes No

If yes, please provide the detail

Do you agree to a medical examination if required? Yes No

Have you ever had time off work for a back injury? Yes No

If so please detail

Have you ever had time off work for stress? Yes No

If so please detail

Please Note:

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

CRIMINAL / SAFETY CHECK DECLARATION

Have you ever been the subject of a complaints procedure during your employment and / or had a mandatory report made to the Education Council?

Yes No

If you answered 'Yes' please provide the date and details of the complaint, what happened together with any comments you may wish to make

Have you ever been convicted of any offence against the law (apart from minor traffic convictions), or otherwise know of any reason why you should not be employed to work with the Board of Trustees, and/or in the school/education environment?

Yes No

If you answered 'Yes' please provide the date and details of the offence or other reasons together with any comments you may wish to make

Please Note:

- a) You may be asked to provide a copy of the relevant Court record(s) obtainable from the Police.
- b) Failure to provide correct and true details of any conviction or reason for possible unsuitability may make you liable to dismissal from the employment of the Balmoral Board of Trustees, should you be the successful applicant.

I,.....declare that to the best of my knowledge the answers in this Declaration Form and the information provided are correct and I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment may be terminated.

Signed..... Date.....