



SUNNYBRAE NORMAL SCHOOL

Teaching Staff Application Form

Please complete and return this application form to the Principal (see address on Page 4).

A. Personal Information

Full Name: _____
Surname First Name(s)

Address: _____

Contacts: _____
Private Mobile

Fax Email address

Place of Birth: _____

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

Current Driver's Licence **YES** **NO**

B. Educational Qualifications

Teaching and Academic Qualifications: _____
(Dip Tch/ H Dip Tch/ BA/ B Ed/ M Ed etc)

Date of original certification: _____

Teacher's Registration No. and Practising Certificate:

No. _____ **Expiry Date:** _____

Degrees/ Diplomas: _____ **Year:** _____
_____ **Year:** _____
_____ **Year:** _____

Other Qualifications: _____

(Relevant) _____

C. Current Employment

Position: _____

Date Appointed: _____

School: _____

Grade: U _____

For the purposes of compliance with the Privacy Act 1993, do you consent to the Board contacting your present employer for the purpose of reference checking? YES NO

D. Medical

Please describe any injury, illness or any other known condition you have, or have had, that may affect your ability to carry out the duties and responsibilities of the position effectively.

(Please provide detail)

Do you have any allergic reactions? YES NO

(If yes, give detail)

E. Convictions

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 yes, please provide the date and details of the offence, or other reasons, together with any comments you may wish to make.

Please note:

- You may be asked to provide a copy of the relevant Court record(s) obtained from the Police.
- Failure to provide correct and true details on any conviction or other reasons for possible unsuitability will make you liable to dismissal from the employment of the Sunnybrae Normal School Board of Trustees, should you be the successful applicant.

F. References

Please provide names, email addresses and phone numbers of at least two referees.

1. **Name:** _____

Email: _____

Phone: _____

Private

Mobile and/or Work

Capacity you have known this person: _____

2. **Name:** _____

Email: _____

Phone: _____

Private

Mobile and/or Work

Capacity you have known this person: _____

3. **Name:** _____

Email: _____

Phone: _____

Private

Mobile and/or Work

Capacity you have known this person: _____

I consent to the Sunnybrae Normal School Board of Trustees or its representative to seek 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 of Sunnybrae Normal School for the purposes 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:** _____

G. Declaration

- A. I, _____, (full name) authorise the Board of Trustees of Sunnybrae Normal School to make any reasonable enquires concerning my employment background to assist in assessing my suitability for the position I am applying for. I also authorise the NZ Teachers Council to release information it holds that may be relevant to my application to this position.

Signature: _____ **Date:** _____

- B. I, _____, (full name) declare that to the best of my knowledge the information provided in this application and in any Curriculum Vitae I enclose is accurate. 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.

Signature: _____ **Date:** _____

Please address this application to:

*The Principal
Jennie Stewart
Sunnybrae Normal School
36 Sunnybrae Road
Hillcrest
Auckland 0627*