



Opunakē Primary School

Phone: 06 7618367 email: office@opunakeprimary.school.nz
website: www.opunakeprimary.school.nz

Growing Children with PRIDE

Position: Scale A Teacher (Permanent) 2024

School Address: Opunake Primary School
Longfellow Road, PO Box 49
Opunake 4645

Telephone: 06 761 8367

E-mail: principal@opunakeprimary.school.nz

Contact: Lorraine Williamson, Principal

Date: Commencement: 27th January 2024

Please refer to the full job description for details of employment.

Please note that this position may be re-advertised, should the position not be

filled. **APPLICATION FOR APPOINTMENT**

Position applied for	
Surname	
First name(s)	
Full Postal Address	

Contact Phone Numbers	
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IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position with our school. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.

Attach your curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of these references.

I will require a copy of your Practicing Certificate, with two forms of photo ID. If you are applying for Provisional Registration, any job offer will be conditional on receiving a copy of your Provisional Registration.

If you are selected for an interview, you may bring whanau/support people at your own expense. Please advise if this is your intention.

Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.

This application form and supporting documents will be held by the school. You may access in accordance with the provisions of the Privacy Act 1993.

If you have any queries, please contact the person cited in the advertisement.

Employment History

Referees: Complete this if you have not already supplied the contact details of referees. Please provide the names of three people who could act as referees for you. At least two of these should be able to attest to your work performance. If you have included written references from people other than those recorded below, please note that we contact the writers of these references.

Name	Address	Telephone	Relationship (e.g employer/principal)

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Do you agree to these referees being asked to nominate other persons who might assist in assessing your application? <u>If Yes, please note that we may contact these persons.</u>	Yes	No
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Please tick the appropriate boxes:

Are you a New Zealand citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, do you have resident status, or A current work permit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a criminal conviction? If "Yes" please detail:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Have you ever received a police diversion for an offense? If "Yes" please detail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? If "Yes" please detail:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you awaiting sentencing/currently have charges pending? If "Yes" please state the nature of the conviction/cases pending:	Yes <input type="checkbox"/> No <input type="checkbox"/>

<p>In addition to other information provided, are there any other factors that we should know to assess your suitability for appointment and ability to do the job?</p> <p>If “Yes”, please elaborate:</p>	<p>Yes No</p>
<p>Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to?</p> <p>If “Yes” please detail:</p>	<p>Yes No</p>
<p>Do you have a current Driver’s Licence?</p>	<p>Yes No</p>

I certify that the information I have supplied in this application is true and correct. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

Signature _____

Date _____

<p><u>N.Z. TRAINED TEACHERS CERTIFICATE:</u> Date of certificate: _____</p>	<p><u>CURRENT PRACTISING CERTIFICATE:</u> Expiry Date: _____</p>
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Please forward by e-mail to principal@opunakeprimary.school.nz

Applications Close on the 4th November 2024