# Te Kura Tuarua o Te Kauaeranga

Thames High School

*Kia kōtahi ai te piki ake, kia ikeike rawa ki te taumata*

***We grow together to achieve one’s true potential***

NON-TEACHING POSITION APPLICATION FORM

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| **Position applied for:** |  |

Please email your completed application to the Principal’s PA, **Ms Tracey Reed**, at [traceyreed@thameshigh.school.nz](mailto:traceyreed@thameshigh.school.nz)

**Privacy of Personal Information**

The information provided in this application form will be collected and held by **Te Kura Tuarua o Te Kauaeranga | Thames High School Board**. It is collected solely for the purpose of assessing your suitability for employment in the specified position, or for any other role the Board may consider appropriate.

If your application is **successful**, this form and associated documents will be retained on your personnel file. If **unsuccessful**, your application and all related documents will be confidentially destroyed.

In accordance with the **Privacy Act 2020**, you have the right to access your personal information and request corrections to ensure its accuracy.

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| **PERSONAL DETAILS** | | | | |
| Surname |  | | | |
| Given names |  | | | |
| Preferred name |  | | | |
| Address |  | | | |
|  | | | |
|  | | | |
| Contact details | HOME |  | WORK |  |
| MOBILE |  | EMAIL |  |

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| **Are you a citizen of New Zealand?** | **Yes** | **No** | **Do you have Residency Status?** | **Yes** | **No** |
| **Are you legally entitled to work in New Zealand and in possession of a valid work** | | | | **Yes** | **No** |
| **Where appropriate, please attach evidence of eligibility to work in New Zealand.**  Any additional comments? |  | | | | |

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| **Present Position** |  |
| Employer / School |  |
| Period of employment | |  |  |  |  | | --- | --- | --- | --- | | From |  | To |  | |
| Position(s) Held |  |
| Type of appointment | |  |  |  | | --- | --- | --- | |  | Current salary step (if a school) |  | |

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| **PREVIOUS EMPLOYMENT POSITIONS**  Please include details of your work history for the last 5 years. | | |
| **Years** | **Employer / School** | **Position(s) Held** |
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| **HEALTH** | | |
| **I understand** that providing false information regarding my medical history may result in the loss of entitlement to any compensation from ACC or the Board’s workplace accident insurer. | **Yes** | **No** |
| Please provide details of any injury or illness you have experienced that may affect your ability to effectively perform the duties and responsibilities of this position. | | |
| **Details:** | | |
| Do you have any other known conditions that may affect your ability to carry out the duties and responsibilities outlined in the job description? If yes, please provide details below: | **Yes** | **No** |
| **Details:** | | |
| Have you ever had an injury or medical condition caused by a gradual process, disease, or infection, such as occupational overuse syndrome, that the tasks of this position may aggravate or contribute to? | **Yes** | **No** |

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| **CONVICTIONS AGAINST THE LAW** | | |
| Have you ever been convicted of any offence against the law (excluding minor traffic convictions)? | **Yes** | **No** |
| Have you ever received a police diversion for an offence? | **Yes** | **No** |
| Have you ever been discharged without conviction for an offence? | **Yes** | **No** |
| Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of license, or imprisonment? | **Yes** | **No** |
| Are you awaiting sentencing or do you have charges pending? | **Yes** | **No** |
| Apart from the information already provided, are there any other factors we should be aware of that may affect your suitability for this role or your ability to perform the duties? | **Yes** | **No** |
| Have you ever been the subject of any concerns or complaints involving child safety? | **Yes** | **No** |
| **If you answer YES to any of the above:** Please provide a certified copy of the entry in the Criminal Record Book relating to the conviction(s), obtained from the Registrar of the relevant Court. The copy should be accompanied by any comments regarding the offence that you wish tomake. Please provide full details. | | |
| **Details:** | | |
| **Police Vetting and Employment Conditions**  In accordance with the Vulnerable Children Act 2014, the Board may not employ or engage any children’s worker who has been convicted of an offence specified in Schedule 2 of the Act.  Please Note: The Board may request a police vet for all short-listed or preferred applicants prior to confirming any appointment. Police vetting is conducted for all new staff members and is renewed on a three-yearly basis, as required by New Zealand legislation governing the employment of personnel in schools.  Failure to provide accurate and truthful information regarding any convictions or any other matters that may affect your suitability for the position may result in the termination of your employment at Te Kura Tuarua o Te Kauaeranga | Thames High School by the School Board, should you be the successful applicant. | | |

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| **REFEREES** | | |
| For the purposes 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** |

**Please provide the details of referees whom you authorise us to contact.** At least two referees must be individuals who know you in a work-related capacity.

By listing these referees, you authorise us to obtain written and/or verbal referee reports. All referee reports will remain confidential to the Principal and/or Board. Referees may be contacted as part of the shortlisting and/or appointment process.

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| Full name |  | | | |
| Position |  | | | |
| Relationship to the  applicant |  | | | |
| Contact details | Home |  | WORK |  |
| MOBILE |  | EMAIL |  |

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| --- | --- | --- | --- | --- |
| Full name |  | | | |
| Position |  | | | |
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| --- | --- | --- | --- | --- |
| Full name |  | | | |
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| Relationship to the  applicant |  | | | |
| Contact details | Home |  | WORK |  |
| MOBILE |  | EMAIL |  |

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| **SUPPORTING DOCUMENTATION AND PROOF OF IDENTITY** | | | |
| Please list the documents you have attached to this application form. **Enclose copies only** — do not send original documents.  You are required to provide **two forms of proof of identity**:   * **One photo ID** (e.g. passport, driver’s licence) * **One supporting ID** (e.g. birth certificate, bank statement) | | | |
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| **APPLICANT DECLARATION** | | | |
| I certify that the information I have provided in this application form is **complete and accurate** in every detail. I understand that any **deliberate inaccuracies, omissions, or misleading information** may result in the **non-acceptance of my application** and/or the **termination of my employment** should I be appointed to the position. | | | |
| **Signature:** |  | **Date:** |  |

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| **AUTHORISATION** | | | | |
| **Do you agree** to inquiries being made as to the accuracy of information contained in this application form or associated documents, or any other matter relating to your suitability for employment? Indicate YES or NO as appropriate. | | | **Yes** | **No** |
| **Present Employer / Principal(s)** | | | **Yes** | **No** |
| **Immediate Past Employer / Principal(s)** | | | **Yes** | **No** |
| **Other Referees** | | | **Yes** | **No** |
| **Former Employer / Principal(s)** | | | **Yes** | **No** |
| **Signature:** |  | **Date:** |  | |