DAVID STREET SCHOOL
Kia Maia - Have Courage

Principal: Brian Harrop
45 David Street, Morrinsville 3300, NEW ZEALAND
Ph: 07 889-7780 | email: office@davidst.school.nz | www.davidst.school.nz

David Street School - Teacher Application Form

Email application to:	michellef@davidst.school.nz
Position applied for:	

Personal Details				
Surname				
Given names				
Preferred name				
Address				
Contact details	Home		Work	
	Mobile		Email	

Certificated teacher status	✔	Registration number	Expiry date
Certificated			
Provisionally certificated			
Not certificated			

Present teaching position				
School				
Date appointed				
Type of appointment				
Can we contact the principal of your present school about this position?	Yes	☐	No	☐

Educational Qualifications		
Type of qualification	Received from	Date received

Details of training and service Please include details of your work history for the last 5 years			
School	Position	Dates	Class level

Please indicate any breaks in service and give reasons, e.g. overseas travel:

Dates	Reason for break

Total certificated service					
In permanent positions	Years:			Months:	
In relieving positions	Years:			Months:	

Professional development
Please provide a summary of recent professional learning and development.

Confirmation

1	I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked. 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 dismissed.	Yes	No
2	I am legally entitled to work in New Zealand in the role applied for (i.e. as a New Zealand or Australian citizen/permanent resident or holder of a current and valid work visa or residence visa).	Yes	No
3	I am currently registered to teach in New Zealand.	Yes	No
4	In accordance with the Privacy Act 2020, I authorise the board of trustees to obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the board.	Yes	No
5	**STUDENT SAFETY –** Cross out the statement that doesn't apply to you. • I have never been the subject of a complaint about the safety of a student. • I have been the subject of a complaint about the safety of a student. Please give dates and details:		
6	**OFFENCES AGAINST THE LAW** - Cross out the statements that don't apply to you. • I have never been convicted of an offence against the law (excluding minor traffic convictions). • I have no pending charges of an offence against the law. • I have been convicted of an offence against the law. Please give dates and details: • I have pending charges of an offence against the law. Please give dates and details:		
7	I know of no reason why I would not be suitable to work with children or young people.	Yes	No

This Application is submitted with the understanding that any further information given is for the use of the employer and their authorised representatives who may at any time have access to this information.

Furthermore, consent is given for David Street School to make enquiries of my present or past employers, colleagues or any other person who may assist in establishing my suitability for the position of Classroom Teacher at this school.

Applicant signature		Date	

Referees
Please provide the names and contact details of two referees below. Referee reports are confidential to the board. Referees will only be contacted for candidates who are shortlisted.

Referee 1				
Full name				
Position				
Relationship to applicant				
Contact details	Home		Work	
	Mobile		Email	

Referee 2				
Full name				
Position				
Relationship to applicant				
Contact details	Home		Work	
	Mobile		Email	