



BOULCOTT SCHOOL
Boulcott Street
Lower Hutt

APPLICATION FOR 2019 APPOINTMENT

1. PERSONAL DETAILS

Name _____
Surname First Names Preferred Name

Postal Address _____

Telephone No: Home _____ Mobile _____

Email _____

2. PRESENT POSITION

Position _____ Number of Units _____

Name of present employer _____

Address _____

Date duties commenced _____

3. TEACHER REGISTRATION

Status (Please tick the appropriate box)

- Registered Teacher
- Provisionally Registered Teacher
- Applying for Registration

Practising Certificate No: _____ Expiry Date _____

4. DISCLOSURE OF CONVICTIONS AGAINST THE LAW

Apart from minor traffic infringements have you ever been convicted of any criminal offence? YES / NO

If "YES" enclose a certified copy of the entry in the Criminal Record book relating to the conviction[s], obtained from the Registrar of the Court concerned. The copy should be accompanied by any comments regarding the offence which you wish to make. Please give full details on a separate sheet if necessary

5. PHYSICAL AND EMOTIONAL FITNESS

Do you have any existing medical condition/s which may affect you to carry out the full duties of the position for which you are applying? YES NO

If 'YES', please detail the nature of the condition/s and any comments on how this may affect your ability to fill the position for which you are applying.

6. OTHER RELEVANT INFORMATION

If there is any other relevant information that would assist the Board in making its decision about your suitability or otherwise to fill the vacancy please outline this below.

7. CONFIRMATION DECLARATION:

I certify that the information given in this application is to the best of my knowledge correct. I understand that this may be verified. I give consent for the Board of Trustees or their representatives to make enquiries from the referees listed in this application and give consent to the referees making such information available. Furthermore, I also give consent for the Board of Trustees or their representatives to make enquiries of past or present; employers, colleagues, other education professionals or any other person who may be in a position to assist the Board in determining my suitability in terms of filling the vacancy and give consent to those people to provide such information.

Signed: _____ Date: _____

EQUAL EMPLOYMENT OPPORTUNITIES DATASHEET

Boulcott School is an Equal Employment Opportunity employer and we are required by the State Sector Act 198 to collect information for statistical purposes. Information is voluntary and confidential.

GENDER:

ETHNICITY:

DISABILITY: Do you live with the effects of long term injury, illness or disability YES / NO

- Movement Hearing Heart Speech Emotional and Mental Health
 Vision Respiration Concentration Other

Do you need any aids or equipment or adaptation to your workplace to make your work easier or improve your work performance? YES NO

If yes, please specify: