POSITIONS APPLIED FOR	:						
PERSONAL DETAILS							
Name:				Home Ph:	(0)		
Address:				Work Ph:*			
				Mobile Ph:			
				Fax:	(0)		
				Email:			
				*ti	ck if you ma	y be contacted	at work
CITIZENSHIP / RIGHT T	O WORK						
Are you a New Zealand c	tizen?	☐ Yes	S – go to next section	on	□ No – go t	to next question	
Do you have Permanent	Residence status?	☐ Yes	S – go to next secti	ion	■ No - go t	to next question	
Do you have a current W	ork Permit?	☐ Yes	S – go to next section	on		ı may not be eligib ployed in New Zea	
PRESENT EMPLOYMEN	IT						
Present Employer:				Work Ph:	(0)		
Address:				Mobile:	(0)		
			1	Teacher Registratio Number	n		
Position Held:				Date Commence	ed:		
EMPLOYMENT HISTOR	Y						
POSITION HELD	ORGANISATION	J	ADDRESS C	OF ORGANI	SATION	Date From	Date To
RECENT QUALIFICATIO	INS / CERTIFICATES						
Institution Attended	NO / CENTIFICATES	Year	Qualifica	tions / Cer	tificate Attaine	ed Dat	e Awarded

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KEF	REES		
①	Name:	Home Ph:	(0)
	Address:	Work Ph:	(0)
		Mobile Ph:	
		Fax:	(0)
	Relationship to Applicant:	Email:	
2			(0.)
	Name:	Home Ph:	(0)
	Address:	Work Ph:	(0)
		Mobile Ph:	
		Fax:	(0)
	Relationship to Applicant:	Email:	
3	Name:	Home Ph:	(0)
	Address:	Work Ph:	(0)
		Mobile Ph:	
		Fax:	(0)
	Relationship to Applicant:	Email:	
PRO	FESSIONAL MEMBERSHIPS		
	FESSIONAL MEMBERSHIPS e give details below of any professional groups you belong to:		
Please			
OTH Have	e give details below of any professional groups you belong to:		
OTH Have	ER INFORMATION e you had an injury or medical condition caused by gradual process		
OTH Have	ER INFORMATION e you had an injury or medical condition caused by gradual process use syndrome, stress or repetitive strain injuries which the tasks o	f this job may a	ggravate or contribute to?
OTH Have over	ER INFORMATION e you had an injury or medical condition caused by gradual process use syndrome, stress or repetitive strain injuries which the tasks of the injury/condition.	f this job may a	ggravate or contribute to?
OTH Have over	ER INFORMATION e you had an injury or medical condition caused by gradual process use syndrome, stress or repetitive strain injuries which the tasks of the injury/condition.	f this job may a	ggravate or contribute to?
OTH Have over	ER INFORMATION e you had an injury or medical condition caused by gradual process use syndrome, stress or repetitive strain injuries which the tasks of the injury/condition.	f this job may a	ggravate or contribute to?
OTH Have over	ER INFORMATION e you had an injury or medical condition caused by gradual process use syndrome, stress or repetitive strain injuries which the tasks of the injury/condition affected?	f this job may a	ggravate or contribute to?

CRIMINAL CONVICTIONS

NOTE: The Sutton Park School Appointment Committee requires you to disclose all convictions unless they are covered by the Criminal Records (Clean Slate) Act 2004.

WHAT MUST YOU DISCLOSE?

You must declare <u>all</u> of your convictions in the table below if you have:

- been convicted of an offence within the last 7 years; or
- been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal); or
- been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced; **or**
- been convicted of a 'specified offence' (e.g. sexual offending against children and young people or the mentally impaired); or
- not paid in full any fine, reparation or costs ordered by the Court in a criminal case; or
- been indefinitely disqualified from driving under section 65 of the Land Transport Act 1998 or earlier equivalent provision.

D	П	FZ	1	F	Δ	Λ	S	۱۸	/F	R	т	н	- 1	FC	٦i	т	O	V	V	I٨	c	: 1	R/	Δ <	F	n	0	N	1	ТН	IF	Δ	R	O	V	F	C	R	IΤ	F	RI	Δ
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Have you ever had a criminal conviction or are pending conviction?					
If Yes, please record details in the table below:					

DISCLOSURE OF CRIMINAL CONVICTIONS							
Offence	Year Committed	Details of Fine/PD/Supervision/Imprisonment					
Have you ever had a criminal conviction?							
Have you ever received a police diversion for an offence?							
Have you been convicted of a driving offence which results in temporary or permanent loss of licence, or imprisonment?							
Are you awaiting sentencing/currently have charges pending?							
Have you been the subject of any concerns involving student safety?							

DECLARATION	
I certify that the information provided is correct and no releval declare that to the best of my knowledge and belief the information. I also understand that if I have supplied incorrect or no information, I may be disqualified from appointment, or if applied the supplied incorrect or no information.	mation given in this application and in my CV is nisleading information, or have omitted any important
Applicant's Signature:	Date:
This information will be used for the purposes of processing this appointment. Please note that if you give any incorrect or misle information during the appointment process, you may be disquidismissal.	ading information or have omitted any important

PRIVACY ACT 1993

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 members of the Sutton Park School Appointments Committee to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for a teaching position at Sutton Park School.

I also authorise the Board or nominated representative, permission to access any information held by the Education Council, including matters under investigation, to gather information related to my suitability for appointment to the position.

Applicant's Signature:	_ Date:	_
_		_

EQUAL EMPLOYMENT OPPORTUNITY (EEO) STATISTIC	AL INFORMATION							
To comply with the State Sector Act 1988, we are required to collect statistical information to monitor Equal Employment Opportunities. This information is voluntary and is gathered for statistical purposes only. It will not form part of your application for this position.								
Please tick the appropriate boxes:								
Gender								
☐ Male	☐ Female							
Ethnicity	_							
☐ New Zealand Maori	☐ New Zealand European							
☐ Pacific Islander	☐ Asian							
☐ Other European	☐ Other ethnic origin							
Disability The following is the <i>Recommended International Standard of Disability</i> used by the World Health Organisation:								
'Activity is limited by a long-term condition or health proble	-							
last six months or more).'	The that has lasted six months of more (or is expected to							
Do you consider yourself to be in this category?								
☐ Yes ☐ No								
EVIDENCE OF IDENTITY								
Please note shortlisted candidates will be required to bring	two forms of identification with them to the interview							
☐ Primary Identification Document								
-	ergency travel document, NZ refugees travel document, NZ							
	th certificate (issued on or after 1/1/1998 and must carry a							
unique ID number), NZ citizenship certificate	, , , , , , , , , , , , , , , , , , , ,							
, , , , , , , , , , , , , , , , , , , ,								
☐ Secondary Identification Document								
	ry Services Card, SuperGold/ Veteran SuperGold card,							
number, NZ issued utility bill (issued not more than	photo identification card, NZ electoral roll record, IRD 6 months earlier)							
One of the above must be photographic								