



**Linwood College  
at Ōtākaro**

# APPLICATION FORM

**Please complete this form and return it with your CV and covering letter.**

**Position applied for:** Music teacher term 1 2020

**Closing date:** 9am Friday 20 September 2019

## 1. Personal information

Full name: \_\_\_\_\_  
Surname First name(s)

Address: \_\_\_\_\_

Contacts: \_\_\_\_\_  
Home phone Mobile phone

\_\_\_\_\_  
Email

Nationality/  
Citizenship: \_\_\_\_\_

Are you legally entitled to work in New Zealand? **Yes** **No**

## 2. Status *(Please circle appropriate status)*

Registered Teacher Provisionally Registered Not registered

Not registered *(but have applied for registration)*

Practising Certificate Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

MOE Number (if Known): \_\_\_\_\_ PPTA Member: Yes  No

**3. Educational Qualifications**

Highest qualification held: TTC/DipTch/Degree \_\_\_\_\_

Degrees/Diplomas: \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

Other Qualifications: \_\_\_\_\_

\_\_\_\_\_

**4. Teaching Service** *(details in chronological order, most recent first)*

Position and Duties	School	Date started/ended

For the purpose 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**

**5. Medical / Health**

- Do you have any other known condition/injury that may affect your ability to carry out the duties and responsibilities outlined in the job description/position?  
If yes, please provide the details.

\_\_\_\_\_

- Do you smoke? **Yes**                      **No**

I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

**Yes**                      **No**

**6. Co-Curricular Involvement**

I can assist with, organise or manage:

**Sports** – list

**Cultural/ Arts** - list

**Other** - list

Sports – list	Cultural/ Arts - list	Other - list

## 7. Convictions

(a) Have you ever been convicted of any criminal offence (other than a minor traffic offence)?

Yes No

(b) If YES please provide the date and details of the offence, the penalty, or reason, together with any comments you may wish to make.

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(c) Are you currently awaiting the hearing of any charges?

Yes No

### Please note:

- You may be asked to provide a copy of the relevant Court record(s) obtained from the Police and the Board reserves the right to contact authorities to verify any claim made.
- The offer of a position is contingent upon NZ Police Vetting.
- Failure to provide correct and true details of any conviction or other reason for possible unsuitability will make you liable to dismissal from the employment of Linwood College Board of Trustees should you be the successful applicant.

## 8. Referees

Please provide names, postal and email addresses, and phone numbers of three (3) referees, who can attest to your professional capability

(i) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_  
Private/Mobile Business/Mobile

Email address \_\_\_\_\_

Capacity in which you have known this person: \_\_\_\_\_

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(ii) Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_  
Private/Mobile Business/Mobile

Email address \_\_\_\_\_

Capacity in which you have known this person: \_\_\_\_\_

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(iii) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_  
Private/Mobile Business/Mobile

Email address \_\_\_\_\_

Capacity in which you have known this person: \_\_\_\_\_

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## 9. Declaration

I, \_\_\_\_\_ (full name)

- Certify that the information given in this application is to the best of my knowledge, correct. I understand that all the above information may be verified.
- Confirm that I do not suffer from any illness/disability that may inhibit my teaching ability and my full participation in school life.
- Agree to the references/referees provided to the Linwood College Board of Trustees in respect to my application being used for the purposes of considering my suitability for this position.
- Agree that the Board/Principal may make further oral or written inquiry regarding my suitability for this position from the referees provided and my previous employer(s), colleagues or any other person who may be in a position to assist in determining my suitability in terms of filling the vacancy and give consent to those people providing such information.
- Accept that any reports, assessment materials and referee information generated as a result of this application are deemed “evaluative materials” under the Privacy Act 1993 and that I am unable to request the disclosure of such materials.
- Understand that if offered the position I may be required to undertake police vetting.
- Once appointed my name and email may be added to the College website.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**General Guidelines for Applicant:**

- 1 Applications should consist of a CV, covering letter, plus completed and signed application form.
- 2 All applicants must supply the relevant details required on this form.  
**Note** that the fuller the information given, the greater the assistance to the appointing committee.
- 3 It is the applicant's responsibility to ensure that the application reaches the **Principal's Personal Assistant** before the specified closing date.