

## Murrays Bay School APPLICATION FOR RELIEF TEACHING APPOINTMENT

To: School. Full name: (Surname) (First Name[s]) 2. Address: ..... Mobile: ..... Email: 3. Gender: Male / Female Date of Birth: 4. Teacher Registration Number: ..... Expiry date: ...../..../..... Category of registration: Provisional / Subject to Confirmation / Full 5. Qualifications: Please supply a verified copy of all qualifications. Certificates, degrees and Organisation **Date Conferred** Place diplomas held In what co-curricular activities are you able to support our learners?

7.	What was the reason for leaving your last position?									
8.	Details in date order (most recent first) of previous teaching service. Indicate positions of leadership where applicable:									
						Duti	es			
	Position	School		Levels taught		Commenced	Ceased			
9.				on any other relevant qualification at the sheet if required.)	ons, exp	perience or streng	oths that you			
10.	Names, addresses and phone numbers of three referees: 2 Professional and 1 Character.  1									
11.		references with	past or	present employers?		YE	ES / NO			
12.	May we contact		YE	ES / NO						
13.	Have you had a	YES / NO								
14.	. Are you currently awaiting the hearing of any charges?					YE	ES / NO			
15.	Are there any ot	Are there any other discloses we need to be aware of i.e. disciplinary history relevant to child safety?								

16.	If you are not a New Zealand citizen and if you do not have the right of permanent residency here, then New Zealand Immigration Legislation requires this School to ask the following question:								
	Do you have a work permit? YES / NO								
	Expiry Date:///								
17.	If your application is successful, when would you be available to start work?								
18.	Identification – please enclose a verified copy of either your driver's licence or passport as photo identification								
19.	MOE Number is:								
Please complete the 2022 Staff Emergency Contact Information on the link below <a href="https://forms.gle/TXqiEVsTPguLt1z88">https://forms.gle/TXqiEVsTPguLt1z88</a>									
Dec	laration:								
true	declare that the answers to the questions in this application are and correct. I accept that should my application be successful, the foregoing information will form part of my tract of employment and falsification of information may be grounds for dismissal.								
Sigi	nature: Date:								

Information provided on this form is used to assist in appointing the best person. This information will be kept in the personal file (in a locked cabinet) for successful applicants. It will either be returned or destroyed for unsuccessful applicants. The information is accessible to the Principal and the applicant only. It may be updated or amended by the applicant on request.

## CONSENT TO DISCLOSURE OF CONVICTIONS

The Murrays Bay School Board of Trustees may forward this to the police for a routine check

The Liaison Officer Information and Communications Bureau Police National Headquarters WELLINGTON									
	ames) (Surname/Family name)								
(Maiden or any other names used)									
Gender: Male / Female	Date of birth:								
Place of birth:									
Nationality:									
Address:									
hereby consent to the disclosure by the New Zealand Police of any convictions I may have pursuant to this application.									
(N.B.: Such a disclosure may NOT include information relating to any discharge under Section 19 of the Criminal Justice Act 1985, or Section 247 of the Crimes Act 1961, or Section 282 of the Children's and Young Persons and their Families Act 1989).									
Signed:	Date:								