

**APPLICATION FOR 2022 APPOINTMENT**

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| **1. PERSONAL DETAILS** |
| **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Surname First Names Preferred Name**    **Postal Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Telephone No: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **2. PRESENT POSITION** |
| **Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of present \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer**  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date duties commenced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **3. PREVIOUS WORK HISTORY** | |  |
| **POSITION** | **NAME OF EMPLOYER** | **TIME IN POSITION** |

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| **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. REFEREES** |
| Please give details of 2 referees that can comment on your personal character and/or previous work experience. |
| **NAME ORGANISATION CONTACT DETAILS** |
| **8. 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 1988 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: |

Please **complete this form** and return with a **covering letter** and **Curriculum Vitae** to the Boulcott School office by **3pm Friday, 1 October 2021.** Or email [principal@boulcott.school.nz](mailto:principal@boulcott.school.nz)