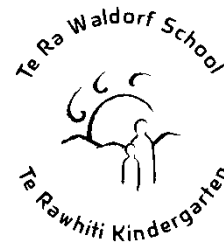


Te Ra Waldorf School
89 Poplar Ave
Raumati South 5032
Kapiti
New Zealand
Ph: 04 299 0812
Fax: 04 299 0814
E-mail: office@tera.school.nz

Te Rāwhiti Kindergarten
162 Wellington Road
Paekakariki 5034
Kapiti
New Zealand
Ph: 04 292 7072



APPLICATION FORM

Position applied for: *Kindergarten Teacher*

Name: _____

Address: _____

Contact: Phone _____ Mobile _____
E-mail _____

Birth Date: _____

Ethnic Identification: Māori / NZ European / Other
(Confidential information, to be used for statistical purposes only)

Residence Are you a citizen of New Zealand? yes / no
Status: If no, do you have the right of permanent residence? yes / no
If no, do you have a work permit? yes / no

Qualifications (educational or other relevant qualifications):

Qualification:	Date attained
_____	_____
_____	_____
_____	_____

Are you currently registered? yes / no

Do you have a valid First Aid Certificate? yes / no

Previous paid employment experience (please continue overleaf if necessary):

Position	Employer	Detail of duties	Date begun	Date ceased
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Non-paid work experience (details of activities and/or positions held):

Position or Activity	Date begun	Date ceased
_____	_____	_____
_____	_____	_____
_____	_____	_____

Suitability for Position (details as to why you believe you are suitable for this position):

What are your interests/hobbies, sports, or community activities?

Convictions History:

Have you ever been convicted of any offence against the law (apart from minor traffic convictions) in the past five years? yes / no

If "yes", enclose a certified copy of the entry in the Criminal Record Book relating to the conviction(s); this can be obtained from the Registrar of the Court concerned. The copy should be accompanied by any comments regarding the offence which you wish to make. Give details.

Referees:

Please provide details of two people who can be contacted to provide references (previous employers preferred):

1. Name and position _____

Contact details (address and/or phone or e-mail) _____

2. Name and position _____

Contact details (address and/or phone or e-mail) _____

Please sign here for authorisation to contact the above people: _____

Health Questions:

(The Health and Safety in Employment Act requires the employer to identify hazards and to provide a safe place of work. A person's physical state may pose a hazard for themselves, other staff, or the children, hence the reason for these questions.)

How is your general health? _____

Are you at present receiving medical treatment and/or medication? yes / no

If yes, please provide details: _____

Do you have any hearing disability? yes / no

Have you ever suffered from a back injury requiring time off work? yes / no

If yes, please provide details: _____

Have you claimed accident compensation in the last 12 months? yes / no

If yes, please provide details: _____

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for:

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Confirmation:

I certify that the information given in this application is to the best of my knowledge correct. I understand that this may be verified.

Applicant's signature: _____ Date: _____

Why do you think this role is right for you at this point in your journey?

Please include a handwritten reflection on this question with your application.