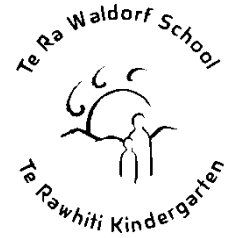


Te Rā Waldorf School
89 Poplar Ave
Raumati South 5032
Kapiti
New Zealand
Ph: 04 299 0812
Fax: 04 299 0814
E-mail: andrea@tera.school.nz

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



APPLICATION FORM

Position applied for: _____

Name: _____

Address: _____

Contact: Phone _____ Mobile _____

E-mail _____

Birth Date: _____

Ethnic Identification:

(Confidential information, to be used for statistical purposes only)

Maori / NZ European / Other

Iwi affiliation _____

Residence Status

Are you a citizen of New Zealand? Yes / No

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 _____

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 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.

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: _____