

# APPLICATION FOR APPOINTMENT



Please ensure you have thoroughly read the 'Information for Applicants' in the accompanying Application Pack for Lincoln Heights School before completing this Application for Appointment.

**TO:** CHAIRPERSON, BOARD OF TRUSTEES of LINCOLN HEIGHTS SCHOOL

**POSITION APPLIED FOR:** PRINCIPAL

## PERSONAL DETAILS:

Name: \_\_\_\_\_ Home Phone: (0 ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: (0 ) \_\_\_\_\_  
\_\_\_\_\_ Mobile Phone: (0 ) \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_  
Registration No: \_\_\_\_\_  
Expiry Date: \_\_\_\_\_

## PRESENT EMPLOYER:

Name of present employer:  
\_\_\_\_\_ Work Phone: (0 ) \_\_\_\_\_  
Address: \_\_\_\_\_ Other Phone: (0 ) \_\_\_\_\_  
\_\_\_\_\_ Date commenced: \_\_\_\_\_  
Position held: \_\_\_\_\_

## REFEREES: (Note: at least one of these should be able to attest to your most recent work performance)

1

Name: \_\_\_\_\_ Home Phone: (0 ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: (0 ) \_\_\_\_\_  
\_\_\_\_\_ Mobile Phone: (0 ) \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

2

Name: \_\_\_\_\_ Home Phone: (0 ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: (0 ) \_\_\_\_\_  
\_\_\_\_\_ Mobile Phone: (0 ) \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_



## OTHER INFORMATION

Yes	No

Have you had any injury or medical condition which the tasks of this job may aggravate or contribute to, or know of any reason why you might have difficulty carrying out the job description attached. If yes, please give details below:

Yes	No

Do you have any matters relating to yourself currently or previously before the Education Council?

Do you have a current New Zealand Driver License?

Do you give permission for your police record to be checked?

Are you a New Zealand citizen?

If not, do you have residential status?

A current work permit?

Have you changed your name by deed poll / statutory declaration?

Other names known by: \_\_\_\_\_

## PRIVACY ACT 1993 (To be signed by the Applicant)

This Application is submitted with the understanding that any further information given is for the use of the employer and their authorised representatives who may at any time have access to this information.

Furthermore, consent is given for members of the Lincoln Heights School Appointment's Committee or its advisor to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for the position of Principal at this school including accessing any information used by the Education Council of Aotearoa New Zealand (EDUCANZ).

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## DECLARATION:

Yes	No

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE AGAINST THE LAW? (apart from minor traffic offences) Have you received police diversion for an offence, have charges pending or know of any reason why you should not be employed to work in a school environment? If YES, please provide date and details of offence(s) on a separate sheet. Please note that you may be asked to provide a copy of the relevant court records available from the registrar of the court concerned.

I certify that I know of no reason why I would not be suitable to work with children/young people.

I certify that I am registered (or provisionally registered) as a New Zealand teacher. I solemnly and sincerely declare that to the best of my knowledge and belief the information given in this application and in my CV is correct.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_