

## APPLICATION FOR APPOINTMENT

Please ensure you have read the 'Information for Applicants' in the accompanying Application Pack for Marist Catholic School, Mt Albert, before completing this Application.

**TO: Chairperson, Board of Trustees of Marist Catholic School, Mt Albert**

**POSITION APPLIED FOR: Principal**

### PERSONAL DETAILS:

|                        |                     |
|------------------------|---------------------|
| Name: _____            | Home Phone: _____   |
| Address: _____         | Work Phone: _____   |
| _____                  | Mobile Phone: _____ |
| _____                  | Email: _____        |
| Registration No: _____ | Expiry Date: _____  |

### PRESENT EMPLOYER:

|                                 |                         |
|---------------------------------|-------------------------|
| Name of present employer: _____ |                         |
| Address: _____                  | Work Phone: (0 ) _____  |
| _____                           | Other Phone: (0 ) _____ |
| Position held: _____            | Date commenced: _____   |

### 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: _____             |

**3**

Name: \_\_\_\_\_

Home Phone: (0 ) \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: (0 ) \_\_\_\_\_

\_\_\_\_\_

Mobile Phone: (0 ) \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

**TERTIARY EDUCATION QUALIFICATIONS**

| Institution attended | Year | Qualifications attained | Date awarded |
|----------------------|------|-------------------------|--------------|
|                      |      |                         |              |
|                      |      |                         |              |
|                      |      |                         |              |
|                      |      |                         |              |

**TEACHING SERVICE (list all schools and positions):**

| Position | Salary Scale | School | Date from | Date to |
|----------|--------------|--------|-----------|---------|
|          |              |        |           |         |
|          |              |        |           |         |
|          |              |        |           |         |
|          |              |        |           |         |
|          |              |        |           |         |
|          |              |        |           |         |
|          |              |        |           |         |

**PROFESSIONAL MEMBERSHIPS**

Please given details below:

## OTHER INFORMATION

| Yes                      | No                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

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                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

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?

Do you give permission for the Board to carry out a credit check?

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 St Francis Catholic School Appointments 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                       |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

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: \_\_\_\_\_



## Self Assessment

Please complete the following self-assessment. Please limit your responses to the space provided. Bullet points are acceptable.

### Special Character

What do you see as the role of a Catholic school in the third millennium and what do you see as your role as a leader of Catholic Education at our school?

### Professional Leadership

How do you currently enact the role of professional leader of learning and what attributes do you bring to the team at Marist Catholic School?

- How would your colleagues describe your leadership style?

**Teaching and Learning**

How have you improved teaching and learning in your current role? What positive impact did this have on student outcomes – both achievement and wellbeing outcomes?

- Give details:

**Leadership/Management of Change**

Give an example of when you have led/managed a significant change process. How did you lead the process and outline the results?

- Is there anything you would do differently next time?
- How did you manage relationships with staff during the change process?