



RELIEVER APPLICATION

PERSONAL DETAILS:

Name: _____ Phone: _____

Address: _____ Mobile: _____

_____ Email: _____

Emergency contact: _____ Phone: _____

RELIEVING INFORMATION:

Teacher Registration No. _____ Exp Date: _____

First Aid Cert. expiry date: _____

Availability: Day to day Short Term Long Term

Any days not available: _____

Notice required: Same day Night before

Kindergartens/ELC you wish to relieve in: All Other: (please specify) _____

TEACHING QUALIFICATION:

_____ (Please attach copy)

Where training undertaken _____

Date ECE Qualification awarded _____



History of Teaching Practice

Please ensure that you include all requested information in this section, as your history will determine your years of service and will directly relate to your rate of pay. Please continue on A4 if necessary.

Only include service in which you worked for a minimum of 10 weeks, 25 hrs per week.

YOUR APPLICATION CAN NOT BE PROCESSED UNTIL THIS FORM HAS BEEN COMPLETED, EVEN IF YOU HAVE ATTACHED A SEPARATE CV.

TEACHING EXPERIENCE PRIOR TO GAINING YOUR TEACHING QUALIFICATION

Centre	Employer	Hours per week	Period of Employment Month /Year
.....	From/..... To...../.....
.....	From/..... To...../.....
.....	From/..... To...../.....

TEACHING EXPERIENCE SINCE GAINING YOUR TEACHING QUALIFICATION

Centre	Employer	Hours per week	Period of Employment Month /Year
.....	From/..... To...../.....
.....	From/..... To...../.....
.....	From/..... To...../.....
.....	From/..... To...../.....
.....	From/..... To...../.....

Please attach documentation, if available, to verify your service with each employer along with a verified copy of your qualification and copies of your first aid and practising certificates. I hereby verify that the information given above is true and correct, to the best of my knowledge.

Signed Date.....



6. GENERAL TEACHING STRENGTHS AND INTERESTS:

7. OTHER QUALIFICATIONS, e.g. Speech, Music, etc:

8. CURRENT STUDY:

9. PROFESSIONAL DEVELOPMENT UNDERTAKEN (within the past two years):

10. RELEVANT EXPERIENCES OTHER THAN TEACHING:



12. PREVIOUS CONVICTIONS:

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?

Yes [] No [] If "yes" please provide brief details _____

13. REFEREES REPORTS:

Please arrange for three people able to provide verbal references on your professional work.

Names and contact numbers of referees who may be contacted for a verbal reference

- 1. _____
- 2. _____
- 3. _____

14. PERSONAL INFORMATION DISCLOSURE AUTHORITY:

I, _____ hereby authorize the collection of personal information from any current or previous employer, training establishment, other agency or individual, for the purpose of determining my suitability for the kindergarten position for which I am applying, without further reference to me.

Please specify below any agency or individual to whom you do not wish an approach to be made in relation to this application:

16. Are you a New Zealand citizen?

Yes [] No []

If No, are you legally entitled to work in New Zealand?
(please provide a copy of your work permit/visa)

Yes [] No []

You must provide a copy of photo identification, as per the following:

- *New Zealand born citizens:* including Australian born citizens, identification can be a photocopy of your passport. If you do not have a valid passport then your birth certificate and photo ID such as your driver's license is acceptable.
- *For other New Zealand citizens:* identification can be a photocopy of your New Zealand passport or a copy of your New Zealand citizenship documents plus photo ID such as your driver's licence.
- *New Zealand Residents:* need to provide a copy of the photo page of your passport, plus a copy of your residency Visa.
- If you are here on any other type of Visa please submit a copy of the photo page from your passport and a copy of your work permit or student visa.

17. Are you receiving medical treatment and/or medication which may be relevant to your application?

Yes [] No []

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

Yes [] No []



If yes to either, please attach details.

Please note that incorrect or misleading information or the omission of important information may disqualify you from appointment or, if appointed to the position, make you liable for dismissal.

I certify that to the best of my knowledge all information provided in this application is true and correct.

Signature: _____

Date: _____





EQUAL EMPLOYMENT OPPORTUNITIES DATA SHEET

Please complete the questionnaire below and return it with your application for employment. The information will remain confidential, will be used for statistical purposes only and will be destroyed following the completion of the annual E.E.O. report. This form is for our E.E.O. Co-ordinator and identification of name is not required.

Date: _____ Vacancy Number (s) applied for in the Gazette _____

1. ETHNIC ORIGIN – Tick one or two boxes from the list below

- New Zealand European/Pakeha
 New Zealand Maori – *If you wish to identify your iwi please do so*
 Pacific Islander – *please identify which group(s)*

- Samoan
 Tongan
 Tokelauan

- Cook Island Maori
 Niuean
 Fijian

- Other European (such as British, Australian, Scottish, Dutch)
_____ (please specify)

- Other ethnic group (such as Chinese, Indian, Vietnamese)
_____ (please specify)

2. GENDER: Male Female

3. DISABILITY/DISABILITIES:

a. Do you live with the effects of injury, long-term illness or disability/disabilities?

- Yes No

b. Does your disability/injury/illness affect your – (*tick all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Movement | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Respiration/breathing | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Emotional and mental health |
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Other (please specify) |



<i>Please ensure that these supporting documents are submitted when applying for the above position.</i>	✓
<i>Certified copy of Qualification</i>	
<i>Copy of First Aid Certificate</i>	
<i>Copy of Practicing certificate</i>	
<i>Application form</i>	
<i>Photo identification (as per No 16)</i>	



NORTHERN AUCKLAND KINDERGARTEN ASSOCIATION ADDRESS LIST

KINDERGARTEN/ELC	ADDRESS	PHONE	FAX
ALBANY	4 BASS ROAD ALBANY	09 415 9517	415 9518
GLAMORGAN	37 DANBURY DRIVE TORBAY	09 473 5099	473 5087
HOBSONVILLE POINT ELC	18 De HAVILLAND ROAD, HOBSONVILLE POINT	09 222 0239/ 09 222 0113	EMAIL: hpelc@naka.co.nz
MAHURANGI	13 ALBERT RD WARKWORTH	09 425 7096	09 425 7022
MASSEY UNIVERSITY AUCKLAND ELC	BUILDING 68, GATE 5, OTEHA ROHE, ALBANY HIGHWAY, ALBANY	09 415 7612	09 415 7612
OAKTREE	1 PALLISER LANE BROWNS BAY	09 479 5979	479 5973
OREWA BEACH	90 RIVERSIDE RD, OREWA	09 426 4543	09 426 4546
PARAKAI	8 FORDYCE ROAD RD 1 PARAKAI	09 420 8737	09 420 8728
RANGITOTO	2a HYTHE TERRACE MAIRANGI BAY	09 478 3355	478 3354
SILVERDALE	2 LONGMORE LANE SILVERDALE	09 426 9600	09 426 9603
STANMORE BAY	36 WAIORA ROAD STANMORE BAY	09 424 8847	09 424 8847
TAIAOTEA	4 WOODLANDS CRES BROWNS BAY	09 478 7795	478 7190
TORBAY	141 DEEP CREEK ROAD, TORBAY	09 473 9340	473 9341
WAIMAUKU	18 FRESHFIELDS ROAD WAIMAUKU	09 411 8890	411 5200
WHANGAPARAOA	7 MOTUTAPU AVE WHANGAPARAOA	09 424 5130	09 424 5130

