

A stylized graphic featuring a dark blue sun with triangular rays rising above a light blue horizontal band. Below this band are dark blue wavy lines representing water. The sun and waves are partially obscured by the text boxes.

NORTHERN
AUCKLAND FREE
KINDERGARTEN
ASSOCIATION

APPLICATION PACK
NAME _____

Kindergarten Teacher Support and Education Support Worker
NAKA

**KINDERGARTEN TEACHER SUPPORT AND EDUCATION SUPPORT
WORKER APPLICATION FORM**

1. APPLICANT:

Full Name _____

Former Name _____

Address _____

E-mail _____

Phone No. _____

Mobile ph no _____

2. POSITION:

Vacancy No. _____

Position _____

Kindergarten _____

Teacher Cert. No. _____

Category _____

Expiry Date _____

Current First Aid Cert: Yes [] No []

Date Issued _____

**3. DO YOU HOLD A NZ RECOGNISED EARLY CHILDHOOD EDUCATION TEACHING QUALIFICATION? Yes [] No []
IF YES PLEASE PROVIDE DETAILS BELOW**

_____ (Please attach a certified copy)

Where was training undertaken _____

Date ECE Qualification awarded _____

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

5. EMPLOYMENT:

Current Employment: Position _____ Kindergarten / Centre _____

Association / Employer _____ Period of Employment: Month /Year

Hours per week _____ From/..... To...../.....

Please provide details of any past paid teaching positions in NZ by completing the teaching history on page 4.

7. CURRENT STUDY:

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

9. 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 _____

10. PROFESSIONAL PRACTICE: Have you ever had a complaint made to you about your teaching practices or conduct or had a report mad to the Education Council (or its predecessors)?

If yes, please describe the circumstances: Yes [] No []

11. 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:

12. Please indicate whether or not you want the attachments to this application form held on file for a maximum of 12 months in order that they can be used with future applications of a similar nature.

Yes [] No []

13. Are you a New Zealand citizen?

Yes [] No []

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

Yes [] No []


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.

PROOF OF IDENTITY DOCUMENTS

You must provide us with two forms of identification, at least one of which must be a photo ID. See diagram below

If your name doesn't match the name on your POI documents, you must also provide proof of name change such as a wedding certificate etc.


2 forms of non-expired identification*, including one that is photo identification



Category A:
Primary identification document

- Passport
- New Zealand Certificate of Identity
- New Zealand Refugee travel document
- Emergency travel document
- New Zealand firearms license
- New Zealand Birth Certificate (issued in 1998 or later)
- New Zealand Citizenship Certificate

+



Category B:
Secondary identification document

- New Zealand driver's license
- 18+ Card
- Community Services card
- Super Gold card
- Veteran Super Gold card
- Inland Revenue number
- Electoral Roll records
- New Zealand utility bill

	Type of identification	Number	Expiry date
Category A			
Category B			
Proof of change of name			

14. Are you at present 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 provide 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: _____

<i>Please ensure that these supporting documents are submitted when applying for the above position.</i>	✓
<i>Certified copy of Qualification</i>	
<i>Certified copy of Practicing Certificate</i>	
<i>Certified copy of First Aid Certificate</i>	
<i>Application form</i>	
<i>Equal Employment Opportunity Data Sheet</i>	
<i>2 forms of Proof of Identity documentation (including at least 1 photo ID)</i>	



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) |