



## TRIDENT HIGH SCHOOL BOARD OF TRUSTEES

**Thank you for your interest in the advertised vacancy.**

### **Application instructions**

Please complete this application form. In addition, provide a cover letter, your CV and preferably include a recent photo. Ensure all documentation is returned to the Principal's PA - [pa@trident.school.nz](mailto:pa@trident.school.nz)

OR if you wish to contact the Principal - [Principal@trident.school.nz](mailto:Principal@trident.school.nz)  
Trident High School, Arawa Road, Whakatane 3120

**Adrienne Scott-Jones**

*B.A Hons. P.G.C.E*

***Principal***

### **APPOINTMENT PROCESS**

Vacancy advertised in the Education Gazette

Applications close – all documentation related to the application (Cover letter, application form, CV, and referee's reports) must be completed and with the Principal.

Position start date.

# TRIDENT HIGH SCHOOL BOARD OF TRUSTEES TEACHING POSITION APPLICATION

Principal: Mrs Adrienne Scott-Jones      Trident High School  
 Phone: 07 308 8159      Arawa Road  
 Email: [principal@trident.school.nz](mailto:principal@trident.school.nz) Whakatane

**Position Applied for**

## Personal Details

Title: Mr/ Mrs/ Miss/ Ms	Gender: M F circle
Surname:	First Name:
Preferred Name (If Different):	
Date of Birth:	

Postal Address:

## Contact Details

<b>Personal</b>	<b>Work</b>
Email Address	

## Identity Verification Criminal Record and Right to Work

<u>Immigration information</u>	
Are you a New Zealand citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, do you have resident status? or	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, do you have resident status?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a criminal conviction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please detail: <i>(A board may not employ or engage a children's worker who has been convicted of an offence specified in <a href="#">Schedule 2 of the Children's Act 2014</a> unless they have an exemption. The Clean Slate Act does not apply to Schedule 2 offences.)</i>	
Have you ever received a police diversion for an offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please detail:	
Have you ever been discharged without conviction for an offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please detail:	
Do you have a current New Zealand driver's licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please detail:	
Are you awaiting sentencing, or do you have charges pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes" please state the nature of the conviction/cases pending:	
In addition to other information provided are there any other factors that we should know to assess your suitability for appointment, your suitability for work with children or your ability to do the job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please detail:	

Have you ever been the subject of any concerns involving child safety? Yes  No

If "Yes" please detail:

Are you aware of any injury or medical condition that could impact on your ability to perform this job effectively? Yes  No

If "Yes", please detail

**For teaching/principal positions:**

Do you hold a current practising certificate from the Teaching Council of Aotearoa New Zealand? Yes  No

Overseas trained, with work permit and provisional N.Z. registration Yes  No

Overseas trained, with permanent residency and N.Z. registration Yes  No

Please enter your registration number:

How many days absence in your last 12 months of employment were due to sickness, injury and/or accident?

0-2 days	3-5	6-10	11-15	16-20	Over 20 days
----------	-----	------	-------	-------	--------------

*If more than 10, please provide further information on a separate sheet.*

**Employment History**

Please list your work experience for the last five years beginning with your most recent position. Please include months as well as years worked and explain any gaps in employment. If you were self-employed, give details.

Period worked (please specify the start and end dates)		Employer's name (or reason for gap in employment)	Position held	Reason for leaving
Start date	End date			
	to			
	to			
	to			
	to			
	to			
	to			

**Referees**

Please provide the names of three people who we can contact as referees for you. One of these should be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below.

Name	Organisation	Position/ Relationship	Phone (preferred)	Email

### Co-Curricular Commitment

I am prepared to assist in the following co-curricular activities: *e.g. Debating, Orchestra, Computer Network, Singing, Netball, Audio-Visual Tech, Rugby.*

Activity	Position

### Teaching

The Subjects I Am Prepared to Teach

Subject	Level (e.g. Y9, NCEA Level 1 & 2, etc)

### Qualifications and Training

Educational qualifications (Degrees, Diplomas and other significant awards, etc):

Tertiary Qualifications Awards, etc	Institution	Year completed	Major

Expand boxes or Insert other rows as required

### Key Criteria

The position you have applied for requires specific knowledge, skills, attributes and personal characteristics. These key criteria and person specifications we are seeking are stated in the position description. Please outline below how you meet each of these attributes and abilities. Even if you are attaching a CV, please fill this out in full. The contact person cited in the advertisement can assist with any questions.

Criteria <i>(knowledge, skills, attributes, personal characteristics)</i>	Past roles in which you have demonstrated the criteria	What did you do which demonstrated this	Key achievements

In what areas will you require support and/or further development?

--

--

**Proof of identity** – Please provide two forms of original identification documents. At least one of the identification documents must be photographic.

Category A	Document Name	Document No.	Expiry Date
Category B	Document Name	Document No.	Expiry Date
Name Change			

I grant permission for the Board of Trustees to ask people, other than those stated in the referees section above, about my suitability for the position:    Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>I _____ declare that to the best of my knowledge the answers in this application form and the information provided in my Curriculum Vitae are correct.</p> <p>I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.</p> <p>I confirm, in the terms of the Privacy Act 2020, that I have authorised access to referees so any enquiries deemed appropriate for determining my suitability for employment can be made.</p> <p>By signing this form or sending it through digitally to apply for a position indicates that it will become part of my contract if employed – this is especially pertinent re involvement in co-curricular activities.</p>
<div style="display: flex; justify-content: space-between;"> <span>Signed: _____</span> <span>Date: _____</span> </div>

**NOTE: For email purposes your name will represent and carry the weight of your signature.**