

TRIDENT HIGH SCHOOL BOARD OF TRUSTEES

APPLICATION FORM

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

OR if you wish to contact the Principal

Principal@trident.school.nz

Trident High School

Arawa Road

Whakatane 3120

Adrienne Scott-Jones

B.A Hons. (P.G.C.E)

Principal

APPOINTMENT PROCESS

14 September, 2022	Vacancy advertised in the Education Gazette
5 October, 2022	Applications close – all documentation related to the application (Cover letter, application form, CV, and referee's reports) must be completed and with the Principal.
28 January, 2023	Position start date.



TRIDENT HIGH SCHOOL BOARD OF TRUSTEES

Principal: Mrs Adrienne Scott-Jones
Phone: 07 308 8159
Email: principal@trident.school.nz

Trident High School
Arawa Road
Whakatane

Position Applied for Specialist ORS Teacher

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

Personal	Work
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 Schedule 2 of the Children's Act 2014 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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

If "Yes", please detail

Click or tap here to enter text.

For teaching/principal positions:

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

Please enter your registration number: Click or tap here to enter text.

	Yes	No			
Have you ever had a criminal conviction? <i>(A board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Children's Act 2014 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? If yes please detail Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? If yes please detail Are you awaiting sentencing, or do you have charges pending? If yes please state the nature of the conviction/cases pending					
Do you have an injury or medical condition or any other condition that could affect your ability to effectively carry out the duties and responsibilities of the position? <i>If yes, please provide further information on a separate sheet.</i>					
If relevant to this position, do you have a current drivers licence. <i>If you have driving restrictions, please provide further information on a separate sheet</i>					
Are you a NZ Citizen? If not do you have resident status/ a current work permit <i>If yes, please provide further information on a separate sheet.</i>					
Do you smoke?					
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
<i>If more than 10, please provide further information on a separate sheet.</i>					

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

Teacher Registration

N.Z. trained and registered	
Overseas trained, with work permit and provisional N.Z. registration	
Overseas trained, with permanent residency and N.Z. registration	
Other (<i>Please state</i>) :	
MOE Number:	
N.Z. Teachers Council Registration No:	

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

Work History:

Please list all work experience, detailing any teaching or management responsibilities.

Start with the most recent, i.e. your current position.

Position	School and location	Teaching Subjects And Levels	Management Responsibilities	Date (from / to)

Expand boxes or Insert other rows as required

REFEREES (3 required):	
Name	
Position	
Phone	
Cell	
Email	
<hr/>	
Name	
Position	
Phone	
Cell	
Email	
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Name	
Position	
Phone	
Cell	
Email	
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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	NO
<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 and I understand that if any false or misleading information is given, or any information suppressed, I will not be employed, or if I am employed, my employment will be terminated. 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>		
Signed:		
Date:		

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