

# Application for Appointment Wellesley College



Wellesley  
COLLEGE

## IMPORTANT NOTES FOR APPLICANTS TEACHING STAFF

Thank you for applying for a position at Wellesley College. Please ensure you have a copy of the job description and person specifications before completing this application.

1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of the references.
3. Copies only of qualification certificates should be attached. If successful in your application you will be required to provide originals as proof of qualifications and two photographic forms of ID, such as a Passport and Drivers License.
4. If you are selected for an interview you may bring whanau/support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
6. Shortlisted applicants (for non-teaching positions) will be asked to give consent to a police vet. It is a requirement in the Education Sector for all employees to be vetted. Teaching staff are police vetted as part of their registration process.
7. The application form contains questions about any previous criminal convictions. In some specific situations, the Criminal Records (Clean Slate) Act 2004 allows to not disclose your convictions, but **only if ALL of the following criteria** are met. You must:
  - a. have no convictions within the last 7 years;
  - b. never have been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal);
  - c. never have been ordered by a Court during a criminal case to be detained in a hospital due to his/her mental condition, instead of being sentenced;
  - d. not have been convicted of a "specified offence" (e.g. sexual offending against children and young people or the mentally impaired). Contact the Ministry of Justice for a full list;
  - e. have paid in full any fine, reparation or costs ordered by the Court in a criminal case;
  - f. never have been indefinitely disqualified from driving under section 65 Land Transport Act 1998 or earlier equivalent provision.
8. This application form and supporting documents will be held by the school. You may access it in accordance with the provisions of the Privacy Act 1993.

Please return the completed Job Application Form (all pages) and documents to: [karen@wellesley.school.nz](mailto:karen@wellesley.school.nz)

If you have any queries, please contact the Principal – Brendan Pitman.

### OFFICE USE ONLY

*This page must be retained on file as part of the application; it must not be removed or destroyed.*

Initial and Date: \_\_\_\_\_

*(I confirm I have read and understood this page of Notes)*



# Job Application Form (Teaching Staff)

## TO ACCOMPANY CURRICULUM VITAE

Thank you for your interest in working at Wellesley College. The information you provide in this application form, in your CV and cover letter will be used to decide whether or not you will be shortlisted for an interview.

### Personal Details

|  |  |                         |                 |
|--|--|-------------------------|-----------------|
| First Name:  |  | Middle Name:            |                 |
| Surname:   |  | Preferred Title         |                 |
| Have you ever been known by another name? If yes, please give details. |  |                         | <b>Yes / No</b> |
|  |  |                         |                 |
| Position Applying for:   |  |                         |                 |
| Day Phone Number:  |  | Evening Phone Number:   |                 |
| Cell Phone Number:   |  |                         |                 |
| Address:   |  | Drivers License Number: |                 |
|  |  | Place of Birth:         |                 |

### About You

| Teacher Registration: Full / Provisional / Subject to Confirmation / Other <i>(please circle one)</i> |                     |                     |
|---|---------------------|---------------------|
| A New Zealand Registered Teacher?   | <b>Yes / No</b>     |                     |
| Registration Number:  | Expiry Date:        |                     |
| <i>(please attach copy of current Teacher Registration card)</i>                                      |                     |                     |
| Present Employment (or Most Recent):  |                     |                     |
| Name and Location:  |                     |                     |
| Salary Step:  |                     |                     |
| <i>(Please attach verification of this ie a recent payslip)</i>                                       |                     |                     |
| Employment History (if any) for the last 5 years:   |                     |                     |
| Name of Employer  | Position & Location | Dates of Employment |
|   |                     |                     |
|   |                     |                     |
|   |                     |                     |

*(Continue on separate page if necessary – please also explain any gaps in employment history in the last 5 years)*

|   |  |                                 |                 |
|---|--|---------------------------------|-----------------|
| Availability: Date available to start at Wellesley College or period of notice required in current employment   |  | <b>Date/<br/>Notice Period:</b> |                 |
| Are you a New Zealand Citizen?  |  |                                 | <b>Yes / No</b> |
| If No, do you have permanent residency or hold a current work visa? <i>(Note: we will need to view and keep a copy of your residency status, Visa or other documents prior to employment)</i> |  |                                 |                 |
| <b>Type:</b>  |  | <b>Expiry Date:</b>             |                 |
| Do you have a conflict of interest (either personal or business) which may impact on your employment with Wellesley College? If yes, please give details:                                     |  |                                 | <b>Yes / No</b> |
|   |  |                                 |                 |
| Do you have any criminal convictions in New Zealand or in any other country? If yes, please give details:   |  |                                 | <b>Yes / No</b> |
|   |  |                                 |                 |
| Has any charge you have been faced with been the subject of a diversion scheme? If yes, please give details:  |  |                                 | <b>Yes / No</b> |
|   |  |                                 |                 |
| Are you awaiting sentencing or currently have criminal charges pending against you? If yes, please give details:  |  |                                 | <b>Yes / No</b> |
|   |  |                                 |                 |
| Have you been the subject of any concerns involving student safety? If yes, please give details.  |  |                                 | <b>Yes / No</b> |
|   |  |                                 |                 |
| In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job? If yes, please give details.  |  |                                 | <b>Yes / No</b> |
|   |  |                                 |                 |

### General Health Issues

**This Health and Safety Questionnaire is designed to ensure that your general health is not likely to adversely affect, or be adversely affected by the tasks that your proposed job with Wellesley College will require of you.**

These include health problems or disabilities that may directly affect your ability to perform the tasks required of you in your proposed job.

A positive answer to any of these questions does not mean that you will not be considered for this job, but may require us to check that this problem is minor and not likely to affect your work ability, or to cause work to give you health problems. We may need to adapt your work or work-place to ensure that no health problems are aggravated or induced.

Do you now, or have you in the past, suffered from any of the following health problems: *(circle yes or no and provide details if relevant)*

|                                     |                 |
|-------------------------------------|-----------------|
| Vision difficulties or eye problems | <b>Yes / No</b> |
|-------------------------------------|-----------------|

|  |          |
|--|----------|
| Hearing difficulties or ear problems   | Yes / No |
|  |          |
| Any other health issue that could affect your ability to work? If yes, please give details:  | Yes / No |
|  |          |
| Any specific learning difficulty (such as dyslexia or dyspraxia)?  | Yes / No |
|  |          |
| Have you had any injuries to your back, neck or spine? If yes give, please give details  | Yes / No |
|  |          |
| Have you had a medically diagnosed occupational overuse syndrome (OSS) injury? If yes, what was the injury and has it been resolved?             | Yes / No |
|  |          |
| Have you now, or in the past, suffered and had medical attention for stress? If yes, please give details:  | Yes / No |
|  |          |
| Do you have any health problems or illness for which you are likely to need time off work within the next 6 months? If yes, please give details: | Yes / No |
|  |          |
| Have you ever had a work related ACC claim and has it been resolved? If yes, please give details:  | Yes / No |
|  |          |

| <b>Employee Health and Safety Issues and Emergency First Aid</b>   |          |
|--|----------|
| The following questions are to ensure fellow workers can use proper first aid techniques.  |          |
| Do you have any illness or health problem that could cause a sudden and worrying change in your health at work and that may require prompt co-employee assistance? |          |
| Epilepsy, fits or seizures   | Yes / No |
| Insulin dependent diabetes and low blood glucose which may cause sudden collapse   | Yes / No |
| Severe allergic reaction which may cause breathing or swallowing difficulties  | Yes / No |

## Referees

As part of the application process we will contact at least two referees to whom you have reported from your most recent positions. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references. Please list your referees.

Are we able to contact your current employer?

Yes / No

| Name | Position | Employer | Contact Telephone |
|------|----------|----------|-------------------|
|      |          |          |                   |
|      |          |          |                   |
|      |          |          |                   |

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied to gather information related to the suitability for appointment to the position.

Yes / No

I authorise the Board, or nominated representative, permission to access any information held by the Education Council, including matters under investigation, to gather information relative to my suitability for appointment to the position.

Yes / No

## Declaration

I, \_\_\_\_\_ **<print name>** declare to the best of my knowledge, the answers given in this application form are correct and I understand that:

- If any false or misleading information is given, or any material fact suppressed, I may not be accepted, or if I am employed I may be dismissed.
- I give permission for Wellesley College to contact the referees listed in this application. If the named referee is not authorised to speak on the employer's behalf, or not available, enquires can be made with the manager or an alternative suitable duly authorised person as agreed with me. I will also supply any further referee details as required to cover the necessary employment history period advised by Wellesley College.
- I understand that if I am offered employment I may be asked to complete relevant documentation to enable a criminal check to be completed and agree to participate in this process.
- The health information gathered in this form will enable Wellesley College to ensure my health will not be adversely affected by, or adversely affect the tasks that the proposed job may require of me. I also consent for the School to disclose this information to its medical advisor and/or to its accident insurer.
- Under the Privacy Act, I understand I have certain rights of access to and correction of personal information held by Wellesley College. If I do not agree with material kept by Wellesley College, I may ask for this to be corrected.
- NB: If successful in gaining employment, this information will be held on your personal file for the period of your employment with Wellesley College and for an additional 7 years after your termination date.

Signature:

Date: