FLAXMERE SCHOOL Te Kura o Paharakeke

NAME	
POSTAL ADDRESS	
EMAIL	
PHONE HOME WORK MOBILE	

Have you had, or do you have any injury or conditions (medical or otherwise) which may impair your ability to do your job.

YES ☐ **NO** ☐

If yes, please give details below:

Do you have a current New Zealand Drivers Licence?

YES ☐ **NO** ☐

Have you ever been convicted of a criminal office?

YES ☐ **NO** ☐

If YES, please provide date and details of conviction/s and sentence/s:

Please note: Your authorization for a Police check may be required.

PRIVATE ACT 1993 (to be signed by the Applicant)

This Application is submitted with the understanding that any further information given is for the use of the employer and their authorized representatives who may at any time have access to this information.

Furthermore consent is given for members of the Flaxmere Primary School Appointments Committee to make enquiries of my present or past employers or colleagues or any other person (subject to my verbal consent) who may assist in establishing my suitability for the position of Principal at this school.

APPLICANT'S SIGNATURE:_____ DATE_____

DECLARATION (to be signed by the Applicant)

I certify that I am registered as a New Zealand Teacher – Registration No. _____

I solemnly and sincerely declare that to the best of my knowledge and belief the information in this application and in my CV is true and correct.

I give my authorization for the Board of Trustees, Flaxmere Primary School, to seek information from my nominated referees and also any other person (subject to my verbal consent) in order to obtain a more complete picture of my professional abilities.

APPLICANT'S SIGNATURE:_____ DATE_____