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| **INCLUSIVE LEARNING ASSISTANT - application form** | | | | | | | | |
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| ../Desktop/logo_wide_RGB_hires.jpgThank you for applying for a position with our school.  Please ensure you complete this form personally. Include this form with your application.  ***Please email to:***  Joanna Dawson – Learning Support Coordinator  [joanna@teaomarama.school.nz](mailto:joanna@teaomarama.school.nz) | | | | | | | | |
|  |  |  | | | | | | |
| **personal details** | | | | | | | | |
| Surname |  | | | | | | | |
| Given names |  | | | | | | | |
| Preferred name |  | | | | | | | |
| Address |  | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Date of birth |  | | | | | | | |
| Contact details | home | |  | | work | |  | |
|  | mobile | |  | | email | |  | |
|  | | | | | | | | |
| **Present Position** |  | | | | | | | |
| Business / Organisation |  | | | | | | | |
| Date appointed |  | | | | | | | |
| Position title |  | | | | | | | |
| **Can we contact your current employer about this position?** | | | | **yes** | | **no** | |  |
|  | | | | | | | | |

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| --- |
| **referees** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| Please provide the names and contact details of two referees below. Referees’ reports are confidential to the board. | | | | |
|  | | | | |
| **referee’s details** | | | | |
| Full name |  | | | |
| Position |  | | | |
| Relationship to the applicant |  | | | |
| Contact details | private |  | work |  |
| mobile |  | email |  |
|  | | | | |
| **referee’s details** | | | | |
| Full name |  | | | |
| Position |  | | | |
| Relationship to the applicant |  | | | |
| Contact details | private |  | work |  |
| mobile |  | email |  |
| |  |  |  | | --- | --- | --- | | **Work History**  *Please include details of your work history for the last 5 years.* | | | | business/organisation | position | dates | |  |  |  | |  |  |  | |  |  |  | |  | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **confirmation** | | | | | |
|  | | | | | |
| **1** | I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked.  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 dismissed. | | | **yes** | **no** |
|  |  | | | | |
| **2** | In accordance with the Privacy Act, I authorise the board of trustees to:   * Obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the board * Obtain information in relation to my application from persons not listed as referees, and I consent to these persons disclosing pertinent information to the board. | | | **yes** | **no** |
|  | | | | | |
| **3** | **student safety  [*Cross out the statement that doesn’t apply to you*]**   * I have never been the subject of a complaint about the safety of a student. * I have been the subject of a complaint about the safety of a student. *Please give dates and details:* | | | | |
|  | | | | | |
| **4** | **offences against the law [*Cross out the statements that don’t apply to you*]**   * I have never been convicted of an offence against the law (excluding minor traffic convictions). * I have no pending charges of an offence against the law. * I have been convicted of an offence against the law. *Please give dates and details:* * I have pending charges of an offence against the law. *Please give dates and details:* | | | | |
|  | | | | | |
| **5** | I know of no reason why I would not be suitable to work with children or young people. | | | **true** | **false** |
|  | | | | | |
|  | |  |  | | |
| *Applicant’s signature* | |  | *Date* | | |