

172 Rose Street, Christchurch 8024
Telephone (03) 332 9129 Fax (03) 332 9126
E-mail ba@cashmere.school.nz
www.cashmere.school.nz

APPLICATION FOR APPOINTMENT TO A TEACHING POSITION

Please complete all sections of this form.

A:	POSITION APPL	JED FOR :						
В:	PERSONAL DE	ΓAILS:	Title:	Dr/Mr	/Ms/Mrs,	/Miss		
Surname:			First Names:					
Full P	Full Postal Address:							
	-							
	-							
	-							
Contact Telephone No: Email:							-	
Male/	Female							
Previo	ous Name if used i	in Teaching:						
C: TE	ACHER REGISTR	ATION: (Please ti	ck approp	oriate bo	x)			
Class	of Registration Full							
	Provisional							
	Subject to Conf	irmation						
Regist	ration Number							
Practising Certificate Expiry Date								
Not registered								

D: PRESENT TEACHING POSITION HELD:							
School: Date appointed:							
Nature of present position (tick appropriate boxes)							
Permanent							
Full-time	I	Relieving					
Other	specify)						
E. PREVIOUS TEACHING POSITIONS:							
Position	School	Major Subjects Taught	From	To (Dates)			
F. FMDLOVMEN	IT IN OTHER THAN TEAC	HING POSITIONS:					
F: EMPLOYMENT IN OTHER THAN TEACHING POSITIONS:							
Please provide brief details if you have worked in non-teaching positions.							
G: HEALTH:							
Do you have any injury, illness or any other known condition that may affect your ability to carry out							
the duties and responsibilities of the advertised position? Yes / No							
If you have answered "yes" please provide brief details.							

	Have you ever been convicted of any offence against the law (apart from minor traffic convictions) or otherwise know of any reason why you should not be employed to work in a school environment?						
Yes /	Yes / No						
	answered "Yes", please provide the date and details mments you may wish to make.	of the offence, or other reasons, together					
	Consent To Disclosure Of Conference of Trustees may request a routine Police check. "I have to the Cashmere High School Board of Trustees	ereby consent to the disclosure by the New					
Applicant's	signature	Date					
"I decl provid inform	IRMATION: lare that to the best of my knowledge the answers in led in my Curriculum Vitae are correct and I under nation is given, or any material information suppressed, my employment will be terminated."	stand that if any false or misleading					
	consent to the school contacting other relevant peoplication.	ple beyond my named referees in support of					
Applicant's s	signature	Date					
REFEREES Frequently ap	oplicants for teaching positions supply a reference o	or two with their Curriculum Vitaes.					
	the names, addresses and contact telephone numb u are welcome to attach relevant written references						
Referee 1	Name	Position					
	Address	Contact Telephone Number/s					
Referee 2	Name	Position					
	Address	Contact Telephone Number/s					
Referee 3	Name	Position					
	Address	Contact Telephone Number/s					