

A stylized graphic featuring a dark blue sun with triangular rays rising above a light blue wavy line representing water. Below the water line is a dark blue wavy shape representing the sea.

NORTHERN
AUCKLAND
KINDERGARTEN
ASSOCIATION

APPLICATION
NAME _____

NAKA APPLICATION FORM – Kindergarten Aide

1. APPLICANT:

Full Name _____

Former Name _____

Address _____

Phone No. _____ Mobile ph _____

Email address _____

2. POSITION:

Position _____ Kindergarten _____

Application Date _____ CV attached **Yes** [] **No** []

Salary Expectations _____ (a range is acceptable)

3. QUALIFICATIONS (Please attach copy)

4. EMPLOYMENT:

Employment history :

Current Position _____ Employer _____ From _____

Position _____ Employer _____ Mth /Yr – Mth / Yr



5. PREVIOUS CONVICTIONS:

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?
Yes [] No []

If "yes" please provide brief details

6. Are you at present receiving medical treatment and/or medication which may be relevant to your application or your ability to carry out the functions and responsibilities of the position applied for?

Yes [] No []

Do you have any other condition or injury that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Yes [] No []

If yes to either, please provide details

7. Are you a New Zealand citizen?

Yes [] No []

If No, are you legally entitled to work in New Zealand?
(please provide a copy of your work permit/visa)

Yes [] No []

8. PERSONAL INFORMATION DISCLOSURE AUTHORITY:

I, _____ hereby authorize the collection of personal information from any current or previous employer, training establishment, other agency or individual, for the purpose of determining my suitability for the position for which I am applying, without further reference to me.

9. REFEREES who may be contacted:

Please note that incorrect or misleading information or the omission of important information may disqualify you from appointment or, if appointed to the position, make you liable for dismissal.

I certify that to the best of my knowledge all information provided in this application is true and correct.

Signature: _____ **Date:** _____





JOB DESCRIPTION

Title: Kindergarten Aide
Reports to: Head Teacher
Purpose: To provide practical support to the teaching team as directed by the Head Teacher.

Key Responsibilities:

Contributing to a Positive Kindergarten Environment

- Assist the teaching team to maintain a clean, tidy and stimulating environment for children that is appropriate, safe and aesthetically pleasing
- Facilitate kindergarten routines and housekeeping tasks as directed by the Head Teacher
- Assist the teaching team with the provision, display, maintenance and storage of kindergarten materials and resources as directed by the Head Teacher
- Clean and maintain the enclosures of any Kindergarten pets as directed by the Head Teacher and in accordance with appropriate welfare standards

Communications

- Represent NAKA in a positive, welcoming and professional manner

Compliance

- Be aware of and comply with applicable NAKA policies and procedures including Animal Welfare Policies, Health and Safety procedures, and emergency procedures
- At all times act in a manner that ensures the safety and wellbeing of children attending the kindergarten

Teamwork

- Make a positive contribution to the Kindergarten team by demonstrating a willingness to undertake tasks as directed by the Head Teacher in a professional, reliable, flexible and honest manner.





EQUAL EMPLOYMENT OPPORTUNITIES DATA SHEET

Please complete the questionnaire below and return it with your application for employment. The information will remain confidential, will not be shared with the interview panel and will be used for statistical purposes only. This data sheet will be destroyed following the completion of the annual E.E.O. report. This form is for our E.E.O. Co-ordinator and identification of name is not required.

Date: _____ Vacancy Number (s) applied for in the Gazette

1. ETHNIC ORIGIN – Tick one or two boxes from the list below

- New Zealand European/Pakeha
 New Zealand Maori – *If you wish to identify your iwi please do so*

Pacific Islander – *please identify which group(s)*

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Island Maori |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Niuean |
| <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Fijian |

Other European (such as British, Australian, Scottish, Dutch)
 _____ (please specify)

Other ethnic group (such as Chinese, Indian, Vietnamese)
 _____ (please specify)

2. GENDER: Male Female

3. DISABILITY/DISABILITIES:

a. Do you live with the effects of injury, long-term illness or disability/disabilities?

Yes No

b. Does your disability/injury/illness affect you – (*tick all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Movement | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Respiration/breathing | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Emotional and mental health |
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Other (please specify) |

