



**RELIEVER APPLICATION**

**PERSONAL DETAILS:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELIEVING INFORMATION:**

Teacher Registration No. \_\_\_\_\_ Exp Date: \_\_\_\_\_

First Aid Cert. expiry date: \_\_\_\_\_

Availability: Day to day  Short Term  Long Term

Any days not available: \_\_\_\_\_

Notice required: Same day  Night before

Kindergartens you wish to relieve in: All  Other: (please specify) \_\_\_\_\_

**TEACHING QUALIFICATION:**

\_\_\_\_\_ (Please attach copy)

Where training undertaken \_\_\_\_\_

Date ECE Qualification awarded \_\_\_\_\_



**History of Teaching Practice**

Please ensure that you include all requested information in this section, as your history will determine your years of service and will directly relate to your rate of pay. Please continue on A4 if necessary.

Only include service in which you worked for a minimum of 10 weeks, 25 hrs per week.

YOUR APPLICATION CAN NOT BE PROCESSED UNTIL THIS FORM HAS BEEN COMPLETED, EVEN IF YOU HAVE ATTACHED A SEPARATE CV.

**TEACHING EXPERIENCE PRIOR TO GAINING YOUR TEACHING QUALIFICATION**

Centre	Employer	Hours per week	Period of Employment Month /Year
.....	.....	.....	From ...../..... To...../.....
.....	.....	.....	From ...../..... To...../.....
.....	.....	.....	From ...../..... To...../.....

**TEACHING EXPERIENCE SINCE GAINING YOUR TEACHING QUALIFICATION**

Centre	Employer	Hours per week	Period of Employment Month /Year
.....	.....	.....	From ...../..... To...../.....
.....	.....	.....	From ...../..... To...../.....
.....	.....	.....	From ...../..... To...../.....
.....	.....	.....	From ...../..... To...../.....
.....	.....	.....	From ...../..... To...../.....

Please attach documentation, if available, to verify your service with each employer along with a verified copy of your qualification and copies of your first aid and practising certificates. I hereby verify that the information given above is true and correct, to the best of my knowledge.

Signed ..... Date.....



**6. GENERAL TEACHING STRENGTHS AND INTERESTS:**

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**7. OTHER QUALIFICATIONS, e.g. Speech, Music, etc:**

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**8. CURRENT STUDY:**

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**9. PROFESSIONAL DEVELOPMENT UNDERTAKEN (within the past two years):**

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**10. RELEVANT EXPERIENCES OTHER THAN TEACHING:**

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**12. 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 \_\_\_\_\_

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**13. REFEREES REPORTS:**

Please arrange for three people able to provide verbal references on your professional work.

Names and contact numbers of referees who may be contacted for a verbal reference

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**14. 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 kindergarten position for which I am applying, without further reference to me.

Please specify below any agency or individual to whom you do not wish an approach to be made in relation to this application:

\_\_\_\_\_

**16. 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

**17. Are you receiving medical treatment and/or medication which may be relevant to your application?**

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 attach details.

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: \_\_\_\_\_





## 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)*

- Samoan  
 Tongan  
 Tokelauan

- Cook Island Maori  
 Niuean  
 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 your – (*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)      |

<i>Please ensure that these supporting documents are submitted when applying for the above position.</i>	✓
<i>Certified copy of Qualification</i>	
<i>Copy of First Aid Certificate</i>	
<i>Copy of Practicing certificate</i>	
<i>Application form</i>	
<i>EEO Data Sheet</i>	



**NORTHERN AUCKLAND KINDERGARTEN ASSOCIATION  
ADDRESS LIST**

KINDERGARTEN	ADDRESS	PHONE	FAX
ALBANY	4 BASS ROAD ALBANY	415 9517	415 9518
GLAMORGAN	37 DANBURY DRIVE TORBAY	473 5099	473 5099
HIBISCUS COAST	88 RIVERSIDE RD OREWA	09 426 4543	09 426 4546
MAHURANGI	13 ALBERT RD WARKWORTH	09 425 7096	09 425 7022
OAKTREE	1 PALLISER LANE BROWNS BAY	479 5979	479 5979
RANGITOTO	2a HYTHE TERRACE MAIRANGI BAY	478 3355	478 3354
RIVER VALLEY	8 FORDYCE ROAD RD 1 PARAKAI	09 420 8737	09 420 8728
SILVERDALE	2 LONGMORE LANE SILVERDALE	09 426 9600	09 426 9603
STANMORE BAY	36 WAIORA ROAD STANMORE BAY	09 424 8847	09 424 8847
TAIAOTEA	4 WOODLANDS CRES BROWNS BAY	478 7795	478 7190
TORBAY	141 DEEP CREEK ROAD, TORBAY	473 9340	473 9341
WAIMAUKU	18 FRESHFIELDS ROAD WAIMAUKU	411 8890	411 5200
WHANGAPARAOA	7 MOTUTAPU AVE WHANGAPARAOA	09 424 5130	09 424 5130

