*Please post or email to:*

Paula Farquhar - Principal

Wairakei Primary School

2 Kauri Drive

Wairakei Village

Taupo - info@wairakeitaupo.school.nz

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| **Position applied for:** | Assistant Principal |
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| **Personal details** | **Surname** |  | **Given names** |  |
| **Address** |  | | **Date of birth** |  |
| **Contact Details** | ***Mobile:*** |  | ***Home*** |  |
| ***Email:*** |  |  |  |

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| **Certified Teacher Status** | **✔** | **Registration No.** | **Expiry Date** |
| Certificated teacher |  |  |  |

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| **Current Teaching Position** |  | | | |
| School |  | | Date appointed |  |
| Type of appointment |  | | Can we contact your principal? | Yes/ No |

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| **Leadership Experiences** |  | | | |
| School and type of leadership |  | | Date appointed |  |
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| **Educational Qualifications** | **Type of qualification** | **Date received** | **Received from** |
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| **Details of Training and Service**  Please include details of your work history for the last 5 years. | | | |
| **School** | **Position** | **Dates** | **Class Level** |
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| **Professional Development**  *Please provide a summary of recent professional learning and development.* |
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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 the appointment, or if appointed, may be dismissed. | **YES** | **NO** |
| **2** | I am currently registered to teach in New Zealand. | **YES** | **NO** |
| **3** | 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. * Contact the Education Council. | **YES** | **NO** |
| **4** | **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 detail* | | |
| **5** | **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:* | | |
| **6** | I know of no reason why I would not be suitable to work with children or young people. | **TRUE** | **FALSE** |

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| **Please add your evidence on how you will fulfil the following professional standards as a leader. If you are an aspiring leader please reflect and comment on how you believe you would undertake these standards. Bullet points and Google Drive digital links are accepted** | | |
| **Standards for the Teaching Profession (Our Standards)** | | |
| **Culture** | Provide an example of a courageous conversation you have had and its outcome | |
| **Pedagogy** | Define your curriculum specialty.  Using your curriculum specialty to describe how you have led others to an outcome.. | |
| **Systems** | Provide examples of any systems you have set up that will support staff to meet school-wide expectations. | |
| **Partnership and Networking** | Describe your contribution to the educational community | |

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| **REFEREES**: Please provide the names and contact details of three referees below. Referees’ reports are confidential to the board. Referees will only be contacted for candidates who are short-listed. |

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| **Registration No.** | **Full name** |  | **Position** |  |
| **Relationship to the applicant** |  | | | |
| **Contact Details** | *Private* |  | *Work* |  |

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| **Registration No.** | **Full name** |  |  |  |
| **Relationship to the applicant** |  | | | |
| **Contact Details** | *Private* |  |  |  |

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| **Registration No.** | **Full name** |  |  |  |
| **Relationship to the applicant** |  | | | |
| **Contact Details** | *Private* |  |  |  |

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*Applicant’s name* *Applicant’s signature* *Date*