



Kaitiaki Kindergartens

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: _____

Kindergartens/ELC you wish to relieve in: All Other: (please specify) _____

TEACHING QUALIFICATION:

(Please attach copy and bring the original to the interview)

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. This must be supported by **Statements of Service** from each of your employers (see below).

Please continue on A4 if necessary.

Only include services in which you worked for a minimum of 6 weeks, and at least 20 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 to Month/year

If in the last 10 years this employment can be factored into your salary step (see KTCA collective agreement)

TEACHING EXPERIENCE *SINCE* GAINING YOUR TEACHING QUALIFICATION

Centre	Employer	Hours per week	Period of Employment Month/year to Month/year

Please attach documentation to verify your service with each employer. These **Statements of Service** should include start and finish dates and total hours worked.

Also include a copy of your qualification and copies of your first aid certificate if you have one.

I hereby verify that the information given above is true and correct, to the best of my knowledge.

Signed

Date.....



GENERAL TEACHING STRENGTHS AND INTERESTS AND/OR PHILOSOPHY:

OTHER QUALIFICATIONS, e.g. Speech, Music, etc. OR RELEVANT EXPERIENCES OTHER THAN TEACHING:

PROFESSIONAL DEVELOPMENT UNDERTAKEN (within the past two years):

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 _____

REFEREES REPORTS:

Please arrange for three people who are able to provide verbal references on your professional work. At least one of these must be an employer or manager.

NAME	RELATIONSHIP e.g. Centre manager/ owner/ colleague	Contact phone number
1.		
2.		
3.		

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:



IDENTITY REQUIREMENTS

Are you a New Zealand citizen? Yes [] No []

If No, are you legally entitled to work in New Zealand? Yes [] No []

And please provide a copy of your work permit/visa

This application must be supported by two forms of identification, one of which must have a photo.

- **Identity category A:** A valid passport or a New Zealand birth certificate issued 1998 or later; or New Zealand citizenship certificate
- **Identity category B:** New Zealand driver's licence (front and back), or Inland Revenue number; or New Zealand Utilities Bill.

Please bring these documents to the interview to be verified. (These are the main forms used but there are additional documents that could be used, see <https://www.legislation.govt.nz/regulation/public/2015/0106/latest/DLM6482266.html>)

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: _____

Thank you for your application

<i>Please ensure that these supporting documents are submitted when applying for the above position.</i>	✓
<i>Copy of your Qualifications</i>	
<i>Copy of First Aid Certificate (if applicable)</i>	
<i>Two forms of Identification (1 must be photo ID)</i>	
<i>Visa/work permit (if applicable)</i>	
<i>Statements of Service from your previous employers</i>	
<i>Application form</i>	



KAITIAKI KINDERGARTEN'S ADDRESS LIST

KINDERGARTEN/ELC	ADDRESS	PHONE
ALBANY	4 BASS ROAD ALBANY	09 415 9517
GLAMORGAN	37 DANBURY DRIVE TORBAY	09 473 5099
HOBSONVILLE POINT ELC	18 De HAVILLAND ROAD, HOBSONVILLE POINT	09 222 0239/ 09 222 0113
MAHURANGI	13 ALBERT RD WARKWORTH	09 425 7096
OAKTREE	1 PALLISER LANE BROWNS BAY	09 479 5979
OREWA BEACH	90 RIVERSIDE RD, OREWA	09 426 4543
PARAKAI	8 FORDYCE ROAD RD 1 PARAKAI	09 420 8737
RANGITOTO	2a HYTHE TERRACE MAIRANGI BAY	09 478 3355
SILVERDALE	2 LONGMORE LANE SILVERDALE	09 426 9600
STANMORE BAY	36 WAIORA ROAD STANMORE BAY	09 424 8847
BROWNS BAY TAIAO TEA	4 WOODLANDS CRES BROWNS BAY	09 478 7795
TORBAY	141 DEEP CREEK ROAD, TORBAY	09 473 9340
WAIMAUKU	18 FRESHFIELDS ROAD WAIMAUKU	09 411 8890
WHANGAPARAOA	7 MOTUTAPU AVE WHANGAPARAOA	09 424 5130

