



**APPLICATION FOR POSITION**

\_\_\_\_\_ (Position applied for) \_\_\_\_\_ (Date)

*This information is collected for the purpose of assessing your suitability for employment at Swanson School. Please complete all sections:*

**PERSONAL**

Full Name: \_\_\_\_\_ (Surname)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Preferred Name)

Date of Birth: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

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

Home Phone \_\_\_\_\_ Other \_\_\_\_\_

**TEACHER REGISTRATION**

- I confirm that I hold: (tick one)
- 1) Current Full teacher registration  
Practicing Certificate number and expiry date:
  - 2) Current Provisional teacher registration  
Practicing Certificate number and expiry date:
  - 3) A Limited Authority to Teach  
LAT Number and Expiry date:
  - 4) No form of teacher registration

**REFEREES**

I agree to the referees provided to the Swanson School Board of Trustees in respect to my application, being used for the purposes of considering my suitability for the position.

I also agree that the board may make further verbal or written inquiry from the referees provided and my previous employer(s).

- 1. (a) Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(b) Address: \_\_\_\_\_  
(c) Contact Ph. No: \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
(d) Relationship to yourself: \_\_\_\_\_
  
- 2. (a) Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(b) Address: \_\_\_\_\_  
(c) Contact Ph. No: \_\_\_\_\_ Work \_\_\_\_\_ Home \_\_\_\_\_  
(d) Relationship to yourself: \_\_\_\_\_

**CONFIRMATION**

I ..... (name) solemnly and sincerely declare that to the best of my knowledge and belief the information given in this application and in my C.Vis correct. I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment will be terminated. I understand that this information may be verified.

\_\_\_\_\_  
Applicant's Signature Date

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Applications must be with:           The Principal  
  Swanson Primary School  
  703 Swanson Road  
  Swanson, Auckland

**By the date and time specified in the job advertised.**



**Swanson School Declaration Form**  
**Pre-Employment Medical/Criminal Checks**

**MEDICAL DECLARATION**

Please describe any injury or illness you have had that may affect your ability to effectively carry out the duties and responsibilities of the position?

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Do you have any allergic reactions? Yes / No (If yes, please detail)

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.....  
.....

Do you agree to a medical examination if required? Yes / No

Are you fully vaccinated against Covid-19? Yes/No/I do not wish to disclose

If no, are you going to be vaccinated before the beginning of your employment with us? Yes/No/I do not wish to disclose

**Please Note:**

Any false information given in relation to your medical history may result in loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

**CRIMINAL DECLARATION**

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 with the Board of Trustees, and/or in the school/education environment? Yes / No

If you answered 'Yes' please provide the date and details of the offence or other reasons together with any comments you may wish to make.

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**Please Note:**

- a. You may be asked to provide a copy of the relevant Court record(s) obtainable from the Police.
- b. Failure to provide correct and true details of any conviction or reason for possible unsuitability will make you liable to dismissal from the employment of the Swanson School Board of Trustees, should you be the successful applicant.

I, ..... declare that to the best of my knowledge the answers in this Declaration Form and the information provided are correct and I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment will be terminated.

**Signed:** .....

**Date:** .....