

## KINDERGARTEN TEACHER/HEAD TEACHER APPLICATION FORM

Before completing this form please read it through carefully, taking note also of information on the Education Gazette website with the kindergarten advertisements. Late applications will not be accepted.

### Instructions for the completion of this application.

- Applicants must complete this form and may use additional pages where necessary.
- All supporting material accompanying this application must be on A4 paper. Do not send original documents and do not enclose material that is bound or in clearfile folders, or similar.
- Use black pen and/or ensure that word processor material is dark enough to photocopy.
- When authorised by the applicant, attachments to this application form will be retained by the Association for a maximum of 12 months. Except when requesting the use of previously submitted attachments, all supporting material must be attached to this application form. (Refer to Section 14).

### 1. Applicant

Full name

Former name

Address

  
  


Phone number

Mobile phone

### 2. Position

Vacancy number

Position

Kindergarten

Teacher registration number

Current First Aid Certificate

☐ Yes ☐ No

Date issued

Expiry date

☐ FULL ☐ STC ☐ PRT

### 3. Qualifications

Early childhood

Date of qualification

Post graduate (teaching related)

  


Date of qualification

  


Other

Date of qualification

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#### 4. Professional development

Current

**During the past three years**

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**5. Employment history — please indicate whether full time (FT), part time (PT) or relieving position (RE)**

**Current employment**

Position

Kindergarten/Centre

Association/Employer

From (month/year)

☐ FT

☐ PT

☐ RE

**Past teaching positions held**

Position 1

Kindergarten/Centre

Association/Employer

From (month/year)

☐ FT

☐ PT

☐ RE

Position 2

Kindergarten/Centre

Association/Employer

From (month/year)

☐ FT

☐ PT

☐ RE

Position 3

Kindergarten/Centre

Association/Employer

From (month/year)

☐ FT

☐ PT

☐ RE

**Other relevant positions held**

Position

Kindergarten/Centre

Association/Employer

From (month/year)

☐ FT

☐ PT

☐ RE

**6. Length of teaching service**

**Total number of years and months in permanent kindergarten positions:**

Senior Teacher:

Head Teacher:

Teacher:

**Total number of years and months in other permanent early childhood positions:**

Supervisor:

Asst Supervisor:

Teacher:

**Total number of years and months in six weeks or longer continuous relieving positions:**

**Kindergarten**

Senior Teacher:

Head Teacher:

Teacher:

**Childcare**

Other:

(please specify)

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### 7. Specific teaching skills, strengths and interests:

Please list the teaching skills and areas of interest that you (and others who observe your teaching practice) would highlight as particular strengths or features that you will bring to a teaching position.

Strength or interest	Examples that demonstrate this as a particular strength or interest
	PLEASE INCLUDE INFORMATION RELATING TO TEACHING SKILLS, STRENGTHS AND INTERESTS IN YOUR ANSWERS TO QUESTION 9 RATHER THAN IN THIS SECTION - LEAVE THIS SECTION BLANK



### 9. Overall suitability for the position (continued)

This is supported by the following examples, information and/or evidence:

## Relationships with children

Ways in which I meet the specific requirements for this position are:

### 9. Overall suitability for the position (continued)

This is supported by the following examples, information and/or evidence:

### Meeting the community requirements for this position

Ways in which I meet the specific requirements for this position are:





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**9. Overall suitability for the position (continued)**

This is supported by the following examples, information and/or evidence:


**Personal characteristics sought for this position**

Ways in which I meet the specific requirements for this position are:


This is supported by the following examples, information and/or evidence:


## 10. Criminal conviction

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?

☐ Yes

☐ No

If yes please provide brief details:

## 11. Health

**Have you any disabilities or medical conditions which:**

- May prevent or restrict you from performing any aspect of the job for which you are applying
- May require specific accommodation by the employer or other staff to enable you to perform the job
- May have an impact on the health and safety of yourself, other employees, the children or parents attending the place of work.

☐ Yes

☐ No

If yes please provide brief details:

## 12. Referees reports

You may arrange for the provision of up to three referee reports from persons able to provide comment on your professional work. Report forms are available from the Association or online and should be forwarded to the referees with an envelope stamped and addressed to the Manager – Human Resources at the Association Head Office. You are required to complete part of the form. Subject to the approval of the referees concerned, referee report forms will be held on file at the Association office for a maximum of 12 months. They may, at your request, be used for subsequent applications to the Association. It is your responsibility to ensure that previous referee reports are held on file at the Association office when making an application for a particular vacancy.

**Referee reports to be used with this application (please indicate whether these are held on file):**

1.

☐ Yes

☐ No

2.

☐ Yes

☐ No

3.

☐ Yes

☐ No

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### 13. Personal information disclosure authority

I, , hereby authorise the collection of personal information from any current or previous employer, training establishment or 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:

  

**N.B. Your authority is required in accordance with the provisions of the Privacy Act 1993**

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### 14. Future use

Please indicate whether you want the attachments to this application form held on file for a maximum of 12 months in order that they can be used with future applications for vacancies of a similar nature.

☐ Yes ☐ No

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### Declaration

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**