



**ADVENTURE SCHOOL**  
Longitude Place  
Whitby

**APPLICATION FOR APPOINTMENT**

Closing Date:  
12pm Friday 8 October

Please email **application form, covering letter** and **CV** to :  
[dpepperell@adventure.school.nz](mailto:dpepperell@adventure.school.nz)

**POSITION APPLYING FOR:** Teacher Aide (Fixed Term 2021)

**1. PERSONAL DETAILS**

Name:

\_\_\_\_\_

*Surname*                      *First Names*                      *Preferred Name*

Address \_\_\_\_\_

Telephone No: Home \_\_\_\_\_ Work: \_\_\_\_\_

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

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

**2. PRESENT Employment** (if applicable)

Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Time in Position : \_\_\_\_\_

**3. EMPLOYMENT HISTORY**

Employer	Role/ Position	Date Duties	
		Commenced	Ceased

**4. Experience relevant to advertised position**

**5. Availability – Preferences**

NB: This position is for 20 hrs/week, preferably Mon-Fri

Please indicate:

- Any days/ times that you **would not be available** to work.

**6. REFEREES – Please supply the names and details of **two** referees who may be contacted to support your application.**

**1. NAME:**

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First Name

Telephone No:

Home:

Work:

Mobile:

Capacity you have  
known the person:

**2. NAME:**

\_\_\_\_\_  
Surname

\_\_\_\_\_  
First Name

Telephone No:

Home:

Work:

Mobile:

Capacity you have  
known the person:

**I agree to contact being made with any previous colleagues.**

YES      NO

**7. DISCLOSURE OF CONVICTIONS AGAINST THE LAW**

**Apart from minor traffic infringements have you ever been convicted of any criminal offence?**

YES/ NO

**If "YES" enclose a certified copy of the entry in the Criminal Record book relating to the conviction[s], obtained from the Registrar of the Court concerned. The copy should be accompanied by any comments regarding the offence which you wish to make. Please give full details on a separate sheet if necessary.**

**8. PHYSICAL AND EMOTIONAL FITNESS**

**Do you have any existing medical condition/s which may affect your to carry out the full duties of the position for which you are applying? YES/ NO**

**If 'YES', please detail the nature of the condition/s and any comments on how this may affect your ability to fill the position for which you are applying.**

9.

**EQUAL EMPLOYMENT OPPORTUNITIES DATASHEET**

**Adventure School is an Equal Employment Opportunity employer and as such we are required by the State Sector Act 1988 to collect information for statistical purposes. The information is voluntary and confidential.**

**GENDER:**  Male  Female

**ETHNICITY:**  New Zealand European  Maori  
 Pacific Islander (Samoan, Fijian, Tongan, Niuean, Cook Island)  
 Other Ethnic Group

**DISABILITY: Do you live with the effects of long term injury, illness or disability? YES/ NO**

**Do you need any aids or equipment or adaptation to your workplace to make your work easier or improve your work performance? YES/ NO**

**If yes, please specify-**

**10. CONFIRMATION DECLARATION:**

I certify that the information given in this application is correct to the best of my knowledge. I understand that this may be verified. I give consent for the listed referees to be contacted.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_