



**ADVENTURE SCHOOL**  
**Longitude Place**  
**Whitby**

**APPLICATION FOR APPOINTMENT**

**POSITION APPLYING FOR:** Deputy Principal – Permanent (5MU)

**1. PERSONAL DETAILS**

**Name:**

\_\_\_\_\_

*Surname*

*First Names*

*Preferred Name*

**Postal Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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

**2. PRESENT POSITION**

**Position:** \_\_\_\_\_ **No of Management Units:** \_\_\_\_\_

**Year Level:** \_\_\_\_\_

**Present Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Date Duties Commenced:** \_\_\_\_\_



**6. Please outline a recent example of:**

**Leading professional change within your team/ school**

**Effectively using a combination of explicit teaching and self-directed learning to meet needs**

**Working strategically to address a challenge**

**Being highly organised and having effective systems and processes in place**

**7. REFEREES** – Please supply the names and details of three referees who may be contacted to support your application. Select your referees from people who currently are, or have been, involved in education.

**1. NAME:**

\_\_\_\_\_  
**Surname**

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

**Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone No: Home:**

\_\_\_\_\_

**Work:**

\_\_\_\_\_

**Mobile:**

\_\_\_\_\_

**Relationship to applicant:**

\_\_\_\_\_

**2. NAME:**

\_\_\_\_\_  
**Surname**

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

**Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone No: Home:**

\_\_\_\_\_

**Work:**

\_\_\_\_\_

**Mobile:**

\_\_\_\_\_

**Relationship to applicant:**

\_\_\_\_\_

**3. NAME:**

\_\_\_\_\_  
**Surname**

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

**Postal Address:**

\_\_\_\_\_  
\_\_\_\_\_

**Telephone No: Home:**

\_\_\_\_\_

**Work:**

\_\_\_\_\_

**Mobile:**

\_\_\_\_\_

**Relationship to applicant:**

\_\_\_\_\_

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

YES      NO

**8. 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.**

**9. 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.**

**10. OTHER RELEVANT INFORMATION**

**If there is any other relevant information that would assist the panel in making its decision about your suitability or otherwise to fill the vacancy please outline this below.**

**11. CONFIRMATION DECLARATION:**

I certify that the information given in this application is to the best of my knowledge correct. I understand that this may be verified. I give consent for the Board of Trustees or their representatives to make enquiries from the referees listed in this application and give consent to the referees making such information available. Furthermore I also give consent for the Board of Trustees or their representatives to make enquiries of past or present; employers, colleagues, other education professionals or any other person who may be in a position to assist the Board in determining my suitability in terms of filling the vacancy and give consent to those people to provide such information.

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

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

## EQUAL EMPLOYMENT OPPORTUNITIES DATASHEET

**Adventure School is an Equal Employment Opportunity employer and as such we are required by the State Sector Act 198 to collect information for statistical purposes. The information is voluntary and confidential.**

**GENDER:**  Male  Female

**ETHNICITY:**  New Zealand European/Pakeha  
 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

Movement  Hearing  
 Heart  Speech  
 Vision  Emotional and Mental Health  
 Respiration  Concentration  
 Other

**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-**