



Application form:

Please take time to complete this form carefully. The information sought in this personal record form is subject to the provisions of the Privacy Act.

- ✚ Name: _____
- ✚ Address: _____
- _____
- ✚ Phone no: Hm _____ Wk _____
- ✚ E-mail: _____
- ✚ Date of birth: _____

Education:

	Name of school	Year-	Type of course	Qualification
Secondary				
Tertiary				
Other				

Previous work experience:

Dates	Name/ address of employer	Type of industry	Positions held	Reason for leaving

Referee:

I hereby give my permission for these referees to be contacted.

Signed.....

What are your hobbies & interests?

Languages spoken:

What knowledge do you have of the Treaty of Waitangi/te Tiriti o Waitangi?

How can you see it being incorporated into the Early Childhood Programme?

Describe the programme planning you have been involved in:

What is your understanding and experience with the Early Childhood curriculum 'Te Whāriki' ?

Are you legally able to work in New Zealand/Aotearoa? Yes No
Have you ever been charged with or convicted of a criminal offence? Yes No
If yes specify:

Your signature below gives permission for a Police Vet Check.

Please give your attention to the following legislative documents. Your signature will demonstrate your knowledge and acceptance of these documents as an agreed promise to act in a fair and just manner between Employment agency and applicant;

- Human Rights Act 1993,
- Employment Act, 2000,
- Privacy Act, 1993,
- Vulnerable Children's Act, 2014

Please give a written personal statement or personal philosophy in your own words:

(Please continue on additional paper if needed)

Would you like to bring a support person/relative/whānau to the interview with you?

Yes No

Signed:..... date:.....

Medical records:

Name:.....

The following information will be held by the Aroha Early Learning Centre in the office. The information is required for the following purposes:

- a) To ensure that you are able to carry out the role safely and without likelihood of injury and harm to yourself or others,
- b) To ascertain whether any special services or facilities would need to be provided for you,
- c) To assist with the management of health & safety issues generally, including matters of Accident Compensation & rehabilitation.

- 1. Have you had any medical, health problems such as: asthma, bronchitis, blackouts, back injuries, diabetes etc.?
- 2. What ongoing health concerns do we need to know about: e.g. psychological impairment, skin complaints, allergies etc.?
- 3. Do you expect you may require assistance during employment? Yes No
If yes specify:

Declaration: (this must be completed)

I (full name)
declare to the best of my knowledge, the answers in this pre-employment Health Questionnaire are correct and I understand that any false or deliberately misleading information is given or any material fact suppressed, I may not be accepted, or if I am employed, termination of employment may result. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation for A.C.C.

Signed..... date.....