

PO Box 4237, Kamo, Whangarei Telephone (09) 4352458; Fax (09) 4350458

POSITION APPLIED FO	R:							
PERSONAL DETAILS:								
NAME:						_		
ADDRESS:						_		
CONTACT TELEPHONE NUMBER:								
GENDER:	Female			Male				
ETHNIC IDENTIFICATION (Maori/N	Z European/Other):							
(EEO information confidential; to b	pe used for statistical	purposes o	only)					
REGISTRATION:								
eacher Registration Number:				Expiry Date:				
Category of Registration:	Full Provisional			Subjec LAT	ct to confirr	nation	<u> </u>	
State any special conditions of Reg	gistration:							
If no certificate held, have you app	olied for a certificate:		Yes		No			
Date of application:								
Completion Date & Institution of T	Feacher Training:							
QUALIFICATIONS: (Educa	ational or other releva	ant qualific	ations)					
Qualification						Date Attained		
PREVIOUS PAID EMPLO	OYMENT EXPE	RIENCE	E:					
Employer	Positio	on					Start Date	End Date

CONVICTIONS AGAINST THE LAW/UNSUITABILITY FOR THE POSITION: 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 in the school environment? Yes No

Email - principal@excellerecollege.school.nz