



## APPLICATION FOR APPOINTMENT

**A. Application for Appointment to the position of** Teacher of Mathematics with ability to teach up to Level 3 Statistic Permanent Full Time

as advertised in Education Gazette / College Website on December 2024

*Please complete this cover sheet and attach to your Curriculum Vitae*

**Note: Your application should reach the College by:** Wednesday 18 December @ 3pm

**B. Personal Details:**

Surname \_\_\_\_\_ First Name \_\_\_\_\_  
Full Postal Address \_\_\_\_\_  
Contact Phone No. Private \_\_\_\_\_ Business \_\_\_\_\_  
Cell-phone No. \_\_\_\_\_ E-mail \_\_\_\_\_  
Previous name if used in teaching \_\_\_\_\_

**C. Registration Status:** *(Please tick appropriate boxes)*

Full registration [ ] Provisional [ ] **(Attach copy of Registration card)**  
Subject to Confirmation [ ] Not Registered [ ] **(Expiry date: \_\_\_\_\_)**

**D. Present Teaching Position**

School \_\_\_\_\_ Date Appointed \_\_\_\_\_  
Nature of present position *(tick appropriate boxes)*  
Permanent  Part-time  Full-time  Relieving   
Other  *(please specify)* \_\_\_\_\_

**E. One highlight from your total work experience:**

\_\_\_\_\_

**NOTE:** Please ensure that your Curriculum Vitae contains details of:

- i Qualifications including conferring authority and year obtained
- ii Teaching Service, including name of school(s) year(s) and subjects taught
- iii Special duties performed and responsibilities undertaken
- iv Co-curricular activities
- v Involvement in subject associations, teacher organisations etc
- vi Non-teaching work experience (paid/unpaid), including special goals, experience, strengths
- vii. Please include with your application a copy of your Passport**
- viii. Please include with your application a copy of your Driver's License.**

**F. Health:**

What is your present state of health? \_\_\_\_\_  
Have you had any significant time off for sickness of any kind in the past five years? If so, please specify.  
*(Medical Certificate may be supplied)*

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

**G. Experience in Special Character of Catholic School:** Villa Maria College is an Integrated State School. The Special Character of Villa Maria College is that it is a Roman Catholic School for Girls. Please read the information sheet “The Character of the Catholic School” enclosed.

**H. Referees:** Please nominate three referees who will supply confidential reports to our Board .

1	<i>Dr/Mr/Mrs/Ms/Miss</i>	Initials _____	Surname _____	Position _____
Address: _____				
Telephone		(Private) _____	(Business) _____	
		(email) _____	(Fax) _____	

  

2	<i>Dr/Mr/Mrs/Ms/Miss</i>	Initials _____	Surname _____	Position _____
Address: _____				
Telephone		(Private) _____	(Business) _____	
		(email) _____	(Fax) _____	

  

3	<i>Dr/Mr/Mrs/Ms/Miss</i>	Initials _____	Surname _____	Position _____
Address: _____				
Telephone		(Private) _____	(Business) _____	
		(email) _____	(Fax) _____	

**I.**

<p>Have you ever been charged or convicted of any offence against the law or charged in the Youth Court under your current name or previous name/s used?</p>	<b>YES/NO</b>
<p>Do you know of any reason why you should not be employed at Villa Maria College?</p>	<b>YES/NO</b>
<p>Have you ever been under competency or discipline proceedings?</p>	<b>YES/NO</b>
<p>Have you ever been dismissed from a teaching position?</p>	<b>YES/NO</b>
<p>➤ <b>I have read the information sheet “The Character of the Catholic School” and understand the commitment it involves</b></p>	
<p>➤ <b>I give permission for Villa Maria College to seek information about my employment record and personal background from my current and previous employers including my nominated referees</b></p>	
<p>➤ <b>I solemnly and sincerely declare that to the best of my knowledge and belief the information given is true and correct.</b></p>	
<p>Signed: (<i>Applicant</i>) _____ Date: _____</p>	

<p><b>1. Purpose for which the information is collected</b> The information is collected for staff selection purposes.</p> <p><b>2. Storage.</b> The information is held at Villa Maria College, 21 Peer Street, Christchurch. It is accessible to members of the Appointments Committee only.</p> <p><b>3. Access to and correction of information.</b> At any time, you may request access to the information, and you may request correction of the information.</p>	
<p>Signed: (<i>Applicant</i>) _____ Date: _____</p>	