

# TRIDENT HIGH SCHOOL BOARD OF TRUSTEES

## APPLICATION FORM Teacher of Whakairo/Maori Performing Arts

### INSTRUCTIONS

Please complete this application form.

In addition provide a cover letter, your CV and preferably include a recent photo.

Ensure all documentation is returned to the Principal's PA  
lawrencek@trident.school.nz OR if  
you wish to contact the Principal  
[Principal@trident.school.nz](mailto:Principal@trident.school.nz)

Trident High School  
Arawa Road  
Whakatane 3120

**Adrienne Scott-Jones**  
*B.A (Hons). P.G.C.E.*  
***Principal***

### APPOINTMENT PROCESS

9am 26 October, 2021

Applications close – all documentation related to the application (Cover letter, application form, CV, and referee's reports) must be completed and with the Principal

28 January 2022 Start Date

Effective start date for salary purposes



# TRIDENT HIGH SCHOOL BOARD OF TRUSTEES

Principal: Mrs Adrienne Scott-Jones  
Phone: 07 308 8159

Email: [principal@trident.school.nz](mailto:principal@trident.school.nz)

Trident High School  
Arawa Road  
Whakatane

## Application for the position of Fixed-Term Full Time

### Whakairo/Carving Tutor & Maori Performing Arts Teacher

Title: Mr/ Mrs/ Miss/ Ms		Gender: M F circle
Surname:	First Name:	
Preferred Name (If Different):		
Postal Address:		
Phone:	Cell:	Email:

Highlight or tick boxes.

#### Personal Details

Birth Date:     /     /					
	Yes	No			
Have you ever been convicted of a criminal offence (other than a minor traffic offence)? <i>If yes, please provide further information on a separate sheet.</i>					
Do you have an injury or medical condition or any other condition that could affect your ability to effectively carry out the duties and responsibilities of the position? <i>If yes, please provide further information on a separate sheet.</i>					
Do you have a current drivers licence. <i>If you have driving restrictions, please provide further information on a separate sheet</i>					
Are you a NZ Citizen? If not do you have resident status/ a current work permit <i>If yes, please provide further information on a separate sheet.</i>					
Do you smoke?					
How many days absence in your last 12 months of employment were due to sickness, injury and/or accident?					
0-2 days	3-5	6-10	11-15	16-20	Over 20 days
<i>If more than 10, please provide further information on a separate sheet.</i>					

#### Co-Curricular Commitment

I am prepared to assist in the following co-curricular activities: e.g. Debating, Orchestra, Computer Network, Singing, Netball, Audio-Visual Tech, Rugby.	
Activity	Position

### Teacher Registration

N.Z. trained and registered		
Overseas trained, with work permit and provisional N.Z. registration		
Overseas trained, with permanent residency and N.Z. registration		
Other <i>(Please state)</i> :		
MOE Number:		
N.Z. Teachers Council Registration No:		

### Teaching

The Subjects I Am Prepared To Teach	
<b>Subject</b>	<b>Level (e.g. Y9, NCEA Level 1 &amp; 2, etc)</b>

### Qualifications and Training

Educational qualifications (Degrees, Diplomas and other significant awards, etc):

Tertiary Qualifications Awards, etc	Institution	Year completed	Major

Expand boxes or Insert other rows as required

### Work History:

Please list all work experience, detailing any teaching or management responsibilities. Start with the most recent, i.e. your current position.

Position	School and location	Teaching Subjects And Levels	Management Responsibilities	Date (from / to)

Expand boxes or Insert other rows as required

**SUITABILITY FOR POSITION:** *Please provide information and evidence of your suitability for the position.*

**Expand boxes if necessary.**

Provide evidence of your suitability for this position. (Do not state "see CV".)

In what areas will you require support and/or further development?

<b>REFEREES (3 required):</b>	
Name	
Position	
Phone	
Cell	
Email	
Name	
Position	
Phone	
Cell	
Email	
Name	
Position	
Phone	
Cell	
Email	

**Proof of identity** – Please provide two forms of original identification documents. At least one of the identification documents must be photographic.

Category A	Document Name	Document No.	Expiry Date
Category B	Document Name	Document No.	Expiry Date
Name Change			

I grant permission for the Board of Trustees to ask people, other than those stated in the referees section above, about my suitability for the position:	YES	NO
<p>I _____ declare that to the best of my knowledge the answers in this application form and the information provided in my Curriculum Vitae are correct and I understand that if any false or misleading information is given, or any information suppressed, I will not be employed, or if I am employed, my employment will be terminated. By signing this form or sending it through digitally to apply for a position indicates that it will become part of my contract if employed – this is especially pertinent re involvement in co-curricular activities.</p>		
Signed:		
Date:		

**NOTE:** For email purposes your name will represent and carry the weight of your signature.