



# Application Form

## Physical Education/Health Teacher

### Personal Details

First Names: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Title: Mr Mrs Miss Ms Dr (circle one) Other \_\_\_\_\_

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

Telephone – Home: \_\_\_\_\_ Telephone – Work: \_\_\_\_\_

Telephone – Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Teacher  
Registration #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### 1. Professional Qualifications relevant to the position

<i>Qualification</i>	<i>Institution</i>	<i>Date Awarded</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### 2. Employment History

<i>School</i>	<i>Position Held</i>	<i>Period employed</i>	<i>Reason for leaving</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. Referees**

Please provide the names of two people who will act as referees for you.

Ensure you select referees who are able to attest to your professional competencies.

Referee One

Full name: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Telephone – Work: \_\_\_\_\_

Telephone – Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Referee Two

Full name: \_\_\_\_\_

Telephone – Home: \_\_\_\_\_ Telephone – Work: \_\_\_\_\_

Telephone – Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Two Referee Reports are included in the information pack.

Provide each of your referees with a Referee Report to be completed and returned to:

The Principal, Papamoa College, PO Box 11-150, Papamoa.

**4. Literacy and Numeracy**

What is your experience in the areas of literacy and numeracy?

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**5. Self-evaluation**

Complete the following self-evaluation questions.

How would you describe yourself as a teacher?

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What are your main teaching strengths?

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Provide examples of how well you work in a collaborative environment?

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What does it mean to be a teacher in a 21<sup>st</sup> century school?

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**6. Co-curricular Programme Involvement**

Please indicate the co-curricular areas of the school that you can contribute to:

Sport: \_\_\_\_\_

Cultural: \_\_\_\_\_

Arts: \_\_\_\_\_

Other: \_\_\_\_\_

**7. Declaration**

a) Have you ever been convicted of an offence against the law? Yes / No (circle)  
If 'Yes', please supply relevant details:

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b) I give permission for Papamoa College to check my record with the NZ Police.

c) Do you have any medical conditions that may impact on your work? Yes / No (circle)  
If 'Yes', please supply relevant details:

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d) To the best of my knowledge the statements in my application and curriculum vitae are true and accurate. I give permission for these claims to be verified. I understand that the conditions of my employment may be jeopardised if the claims are found to be false.

e) I give permission for Papamoa College to gather information from any person or organisation that is deemed necessary to establish my suitability for this position.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The application form and a current curriculum vitae should be posted to:

The Principal, Papamoa College, PO Box 11-150, Papamoa 3118.

If you would like to have your curriculum vitae returned to you at the end of the process, please include a self addressed stamped envelope.