



**APPLICATION FOR APPOINTMENT  
(Non-Teaching Staff)**

Please fill in this form and return it, together with your CV and any other material you consider relevant to:

Principal's Assistant  
Queen Margaret College  
P O Box 12274  
Thorndon, Wellington 6144

Your application, CV and any other material you include cannot be returned. Please do not send folders or original documents.

If your application is successful, the information will form part of the School's personnel records. Information relating to unsuccessful applicants is destroyed. The above statements are made in accordance with the Privacy Act 1993.

**A. POSITION APPLIED FOR:** \_\_\_\_\_

**B. PERSONAL DETAILS:**

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

**Full Postal Address:** \_\_\_\_\_

\_\_\_\_\_

**Day Contact Phone No:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Mobile Phone No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_

*Town*

*Country*

**Date of Birth:** \_\_\_\_\_

**C. QUALIFICATIONS** (use a separate sheet if required)

Certificates, Degrees, Diplomas or other relevant qualifications	Subjects or Papers Passed and Levels (if these are not in accompanying curriculum vitae)	Date / Year Completed

(Please attach copies of the above. Do not send original documents as these will not be returned.)

**D. EMPLOYMENT**

Date	Employer	Position

**E. POLICE VETTING CHECK**

The Education Act 1989 amended by the Education Standards Act 2001 requires the College to obtain a Police Vet of any person who is to be appointed to a position at the College. You are required to give permission initially for Police Vetting check to be conducted if required. Should your application for this position be successful the offer of employment remains conditional until such time as this has been completed and is satisfactory. (Payment for vetting will be met by Queen Margaret College)

I give my consent for Police Vetting Check to be carried out and the necessary information being accessed.  YES  NO

**F. YOUR ENTITLEMENT TO WORK**

I am entitled under the Immigration Act 1987 to do the work for which this application applies:

- I am a New Zealand citizen (or an Australian citizen)
- I hold a New Zealand residence permit
- I hold a work permit with conditions permitting this employment
- I hold a visitor or student permit with conditions permitting this employment
- Other entitlements – please specify: .....
- .....
- .....

**G. HEALTH AND SAFETY**

The following information is required to assist the School to meet its obligations under the Health and Safety in Employment Act 2015 and the Injury Prevention Rehabilitation and Compensation Act 2001, and to assess your ability to perform the duties of the position safely.		
Do you suffer from or have you suffered from any injury or medical condition caused by gradual process, disease or infection (eg repetitive strain injury, occupational overuse syndrome, back injury or strain, hearing loss, sensitivity to chemicals) which this job may aggravate or contribute to?	YES	NO
If you answered 'Yes' please provide details		
Do you have any health condition which could affect your ability to do this job?	YES	NO
If you answered 'Yes' please provide details		

Declaration: 'I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.'

Signed: .....

**H. CRIMINAL RECORDS**

As an educational institution those working within the School are placed in positions of trust. The School therefore requests that you answer the following questions.		
The School may decide to check your record for criminal convictions and/or your credit status. Do you consent to such a check?	YES	NO
Have you <b>ever</b> been convicted of a crime in New Zealand or in any other country?	YES	NO
Are there any charges against you yet to be heard?	YES	NO
If you answered 'Yes' to either or both of the above questions please provide details:		

**I STATISTICAL INFORMATION**

Where did you hear of this vacancy? (please tick one)	QMC Website	IB Website	ISNZ Website	Dominion Post	Education Gazette
Others: Please Specify					

**J REFEREES**

Two people who are prepared to act as verbal referees when contacted by QMC.

1. **Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Email address):** \_\_\_\_\_

2. **Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

I consent to Queen Margaret College seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released to those persons involved with the recruitment and selection process of the Queen Margaret Board of Governors, but otherwise held in strictest confidence.  **YES**  **NO**

**K** I certify that the above information is full and correct. I understand that if any false information is given or any material fact suppressed I may be disqualified from consideration or if appointed I may be dismissed.

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

Name