



Relieving with South Otago Kindergartens

Kia ora for your enquiry regarding relieving with South Otago Kindergartens.

Please completed the following requirements and return to

South Otago Kindergartens
14C James Street
Balclutha 9230.

Checklist

Please ensure this documentation is submitted When applying for relieving	√
Completed application form	
Verified copy of ECE qualification	
Copy of other qualifications (if relevant)	
Copy of teacher registration	
Copy of first aid certificate	
Tax Code Declaration IR330 (download www.ird.govt.nz)	
Identification documentation refer page 4	

To find out more about our kindergartens and their locations visit www.sokindergartens.org.nz

South Otago Kindergartens is committed to the protection of the children in their care. As a result of this, we will ensure that all employees that have direct contact with children have been thoroughly assessed to make certain that they are a safe person to work with and alongside our tamariki. We will be following the guidelines of “Safer recruitment Safer children” – guidelines for choosing safe people to work with children.

Once you have filled in your paper work, you will need to make an appointment time with me so I can verify your identification documentation. Part of the procedure is also a short interview so we get to know you better before starting work in our kindergartens.

I look forward to meeting you soon.

Kind Regards
Gillian Melvin
Senior Teacher

RELIEVERS APPLICATION FORM(Please complete **all** of the following fields)**1. PERSONAL DETAILS**

Full Name			
Previous Name (s)			
Address		Postcode	
Phone/ cell			
Email (payslips are sent to this address)			
Date of Birth	Ethnicity		

2. PAYROLL DETAILS

Tax Code (attach IR330)			IRD Number		
Bank and Branch			Bank Account Number		
NZEI Member	Yes	No	Direct debit union fees from wages?	Yes	No
KiwiSaver Member	Yes	No	Deduction Rate %		
Sick leave entitlement carried from previous employer?	Yes	No	Documents attached	Yes	No
					Number of days

Employer Use Only

Senior Teacher Authorisation: _____ Date: _____

Salary Step		Payroll loaded	
Infocare loaded		Reliever sheet updated	
Employment contract		Teachers informed	
2 forms of ID sighted		References checked	Name
Interview held	Date	Date	Name
Risk Assessment completed and decision made			Date

3. ACADEMIC QUALIFICATIONS

All relieving teachers must hold an NZQA recognised ECE diploma or degree.

Qualifications (enclose copies)	√	Date achieved
NZFKU Diploma		
ECE Diploma		
BEd/Teaching		
Post Graduate Diploma		
Equivalency		
Other (Please Specify) Qualification and awarding institution		

4. OTHER DETAILS

Teacher Registration (enclose copy)			
Registration category	Registration Number		Expiry Date
First Aid (enclose copy)	Yes	No	Date issued
Are you a New Zealand citizen/permanent resident?	Yes		No
If no do you hold a valid work permit?	Yes		No

5. PROOF OF IDENTITY

Tick the two forms of identification presented to you in person. The applicant must be the presenter of the documents. One form of identification must be from category A and one must be from category B – refer to the table below. At least one of the acceptable forms of identification documents must be photographic.

Category A	<input type="checkbox"/>	Category B	<input type="checkbox"/>
New Zealand passport	<input type="checkbox"/>	New Zealand Driver's Licence	<input type="checkbox"/>
A New Zealand Certificate of Identity issued under the Passports Act 1992 to Non-New Zealand citizens who cannot obtain a passport from their country of origin	<input type="checkbox"/>	18+ Card (must be current)	<input type="checkbox"/>
New Zealand Certificate of Identity (issued to people who have refugee status)	<input type="checkbox"/>	Community Services Card	<input type="checkbox"/>
New Zealand Refugee Travel Document	<input type="checkbox"/>	Super Gold Card	<input type="checkbox"/>
Emergency Travel Document	<input type="checkbox"/>	Veteran Super Gold Card	<input type="checkbox"/>
New Zealand Firearms Licence	<input type="checkbox"/>	Inland Revenue Number	<input type="checkbox"/>
Overseas passport (with New Zealand immigration/ Visa/ Permit)	<input type="checkbox"/>	Electoral Roll Records	<input type="checkbox"/>
New Zealand Full Birth Certificate	<input type="checkbox"/>	New Zealand issued utility bill, issued not more than 6 months earlier	<input type="checkbox"/>
New Zealand Citizenship Certificate	<input type="checkbox"/>		

Details of identification

From Category A:

Type: Number:..... Expiry
Date:

Category B identification:

Type: Number:..... Expiry
Date:

Evidence of Name Change:

Type: Number:..... Expiry
Date:

I declare that (please tick) –

Apply official stamp/seal below

- I have sighted two forms of identification (one from category A and one from category B) and
- I verify that the person in the photo is the person named in the *personal details* section of this form and
- I have sighted evidence of name change (if applicable)



Identity Referee's signature: Date:.....

6. **EMPLOYMENT HISTORY OF AT LEAST THE PREVIOUS FIVE YEARS (Graduates please list postings)** (Voluntary and paid) ALSO INCLUDE BREAKS IN EMPLOYMENT AND REASON FOR THIS

POSITION	EMPLOYER/WORK PLACE	DATES OF EMPLOYMENT AND LENGTH OF TIME	PERMANENT/RELIEVING HOURS PER WEEK	REASON FOR LEAVING	REASON FOR BREAK

7. AVAAILABILITY

Day to Day	Yes	No
Short Term (less than 6 weeks)	Yes	No
Long Term (more than 6 weeks)	Yes	No
Lunch Cover (2 hours)	Yes	No
Holiday Programme (2 weeks during term break)	Yes	No
Are there any days or periods you are not available?		
Which kindergartens are you willing to relieve at? (Please circle)		
Balclutha	Milton	Goldfields in Lawrence Rosebank

8. HEALTH AND SAFETY

Previous Convictions

Have you ever been convicted of any offence against the law (apart from minor traffic convictions?)	Yes	No
Are you awaiting hearing of any charges for any other offences?	Yes	No
If yes to any please provide details		
Have you ever had any form of professional disciplinary history that is relevant to child safety	Yes	No
If yes to any please provide details		

Health

Do you have any disabilities, injury or medical conditions which may prevent or restrict you from performing any aspect of the job for which you are applying?	Yes	No
If yes please provide details		
Do you have any disabilities or medical conditions which may require specific accommodation by the employer or other staff to enable you to perform the job for which you are applying?	Yes	No

If yes please provide details		
Do you have any disabilities or medical conditions which may have an impact on the health and safety of yourself, other employees, the children or parents attending the place of work?	Yes	No
If yes please provide details		

9. CONSENT TO CONTACT REFEREES

I hereby authorise South Otago Kindergartens to contact the following individuals to act as my referees for the purposes of my application for the above position; as required under section 29 of the Privacy Act 1993.

These two referees should be in the teaching profession and able to comment on your teaching practice.

Name	Current Position	Relationship	Service	Contact number/s

PERSONAL INFORMATION DISCLOSURE AUTHORITY

I, _____ hereby authorise the collection of personal information from named referees, any previous employer, training establishment, other agency or individual, for the purpose of determining my suitability for the kindergarten position for which I am applying, without further reference to me. I authorise South Otago Kindergartens to disclose such personal information as is necessary for the same purpose.

Please specify below any agency or individual to whom you do not wish an approach to be made in relation to this application:

N.B. Your authority is required in accordance with the provisions of the Privacy Act 1993.

I certify that to the best of my knowledge all information provided in this application is true and correct.

Signature: _____ Date: _____