

**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

12 Elizabeth 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](http://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 |

1. **PAYROLL DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Tax Code (attach IR330)** | | | **IRD Number** | | | | |
| **Bank and Branch** | | | Bank Account Number | | | | |
| **NZEI Member**  **Number:-** | Yes | No | Direct debit union fees from wages? | | | Yes | No |
| **KiwiSaver Member** | Yes | No | Deduction Rate % | | | | |
| Sick leave entitilmeent carried from provious 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 |  |
| Sick Leave Anniversary entered Ipayroll/loaded Outlook reminder | |  | |
| Employment contract |  | Teachers informed |  |
| 2 forms of ID sighted |  | References checked  Date | Name |
| Interview held | Date | Name | Name |
| Risk Assessment completed and decision made | |  | Date |

1. **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 |  |  |
|  |  |  |
|  |  |  |

1. **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 |

|  |
| --- |
| Proof of identity 🖎 Senior Teacher to complete |

This section needs to be completed by the Senior Teacher of the kindergarten Association. The identity referee will certify the applicant’s identity by completing this section of the form.

|  |  |
| --- | --- |
| **Name of applicant** **(*print full name*)** | **🖎** |

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 photograph

|  |  |  |  |
| --- | --- | --- | --- |
| **Category A** | ❒ | **Category B** | ❒ |
| New Zealand passport | ❒ | New Zealand Driver’s Licence | ❒ |
| 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 | ❒ | 18+ Card (must be current) | ❒ |
| New Zealand Certificate of Identity (issued to people who have refugee status) | ❒ | Community Services Card | ❒ |
| New Zealand Refugee Travel Document | ❒ | Super Gold Card | ❒ |
| Emergency Travel Document | ❒ | Veteran Super Gold Card | ❒ |
| New Zealand Firearms Licence | ❒ | Inland Revenue Number | ❒ |
| Overseas passport (with New Zealand immigration/ Visa/ Permit) | ❒ | Electoral Roll Records | ❒ |
| New Zealand Full Birth Certificate | ❒ | New Zealand issued utility bill, issued not more than 6 months earlier | ❒ |
| New Zealand Citizenship Certificate | ❒ |  |  |

Identification documents presented to you in person by the applicant must be from the list in the above table (one document from Category A and one document from Category B). If applicable, where names or other identity information are different on either document (Category A and B), please confirm you have sighted acceptable evidence of name change (a Marriage Certificate is acceptable but a Particulars of Marriage document is not).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Document name** | **Document number** | **Issue date *(if applicable)*** | **Expiry date *(if applicable)*** |
| **Category A** |  |  |  |  |
| **Category B** |  |  |  |  |
| **Name change**  ***(if applicable)*** |  |  |  |  |

Identity Referee full name:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Role:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Registration number:- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* **Name Change:** I have sighted evidence of name change (if applicable)

Identity Referee’s signature: Date:………………………………………..

1. **EMPOLYMENT HISTORY OF AT LEAST THE PREVOIUS 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 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **AVAILABILITY**

|  |  |  |
| --- | --- | --- |
| 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 | | |

1. **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 | | |

1. **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  Email address |
|  |  |  |  |  |
|  |  |  |  |  |

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