



Pompallier Catholic School

Ph (09) 408 2650 • Fax (09) 408 2650 • 23 Dominion Road, PO Box 725, Kaitaia, Northland

1. Personal Details			
Surname / Family Name			
First Names (in full)			
Full Postal Address			
Phone numbers	Home	Work	Mobile
Best time to contact you			
Current Teacher Classification			
Registration Number			Expires
Are you a New Zealand Citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If not, do you have resident status?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If not, do you have a current work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Have you ever had a criminal conviction? If yes, please detail:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
In addition to the other information provided, are there any other factors that we should know to assess your stability for appointment and your ability to undertake this role? If yes, please elaborate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you have any medical conditions that may affect your ability to effectively carry out the functions and responsibilities of employment, or which may be aggravated or further contributed to by the functions and responsibilities required under this employment role? If yes, please elaborate:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

2. Tertiary Education Completed & Study Currently Undertaken

(Please attach copies of official transcripts)

Degree, Diploma or Certificate	Name and Location of Institution	Years of Attendance

3. Relevant Professional Development

Professional Development undertaken	Name and Location of Institution	Years of Attendance

4. Current Employment

Name and Address of School or place of Employment:

Period of Employment	From	To
Position(s) Held		
Current Salary Step (if NZ Paid)		

