



HERETAUNGA KINDERGARTEN ASSOCIATION

Te Pūtahi Kura Pūhou O Heretaunga

APPLICATION FORM – Part Time Speech Language Therapist

- Applicants must complete this form and provide all other relevant information.
- **Applicants MUST email their application and supporting documentation by the closing date. Email applications to: careers@hfka.co.nz**
- **PLEASE NOTE:** Only applicants who the right to work in New Zealand, have a recognised teaching qualification, and/or current full or provisional teacher certification, approved by the Teaching Council of New Zealand, or meet the skills and criteria of the role are eligible for appointment to positions with the Free Kindergarten Service.

POSITION APPLIED FOR:

1. APPLICANT

Full Name: _____

Former Name: _____ D.O.B: _____

Address: _____

Post Code: _____ Ph: _____ Mobile: _____

Email: _____

Please provide a copy of the following identifications: NZ Drivers licence Passport

Birth Certificate (if issued after 1998)

If applicable:

NZSTA member Yes No

Are you a permanent NZ Resident: Yes No *(If YES, please proceed to next section)*

If No, do you hold a valid work permit: Yes – please provide a certified copy of your work permit.

No – you are ineligible to apply for this position.

2. EDUCATION QUALIFICATION

Training provided by: _____ Qualification: _____

Date New Zealand qualification or equivalency awarded: _____

NB: *If granted equivalency by the NZ Qualifications Authority, a copy of equivalency certificate must be enclosed.*

3. EMPLOYMENT HISTORY (Start with the most recent position – continue on separate sheet if required.)

Name of Employer	Address	Length of Service From To	Position Held	Nature of work	Reason for leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4a. OVERALL SUITABILITY FOR THE POSITION - in relation to your personal qualities and the extent to which you believe you would work well with the staff and the kindergarten/community concerned. (Continue on separate sheet if necessary)

4b. OVERALL SUITABILITY FOR THE POSITION - in relation to your experience in the essential skills for the role: *(Continue on separate sheet if necessary)*

4c. OVERALL SUITABILITY FOR THE POSITION – in relation to any additional information that you would consider might be relevant to your application that has not been provided elsewhere on this form?

6. NOTICE PERIOD: When can you be available to start work?

7. PREVIOUS CONVICTIONS:

Have you ever been convicted of any offence against the law [apart from minor traffic convictions]?

Yes [] No [] If 'yes' please provide brief details of any/all convictions:

Are you awaiting the hearing of charges in a civil or criminal court of law?

Yes [] No [] If 'yes' please provide brief details:

Have you been the subject of diversion ordered by the courts?

Yes [] No [] If 'yes' please provide brief details:

I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal records (Clean Slate) Act 2004

8. NZ Speech-Language Therapist's Association (if applicable):

Do you have any investigations pending, or in process with, the NZ Speech-Language Therapist's Association?

Yes [] No [] If 'yes' please provide brief details:

Have you had any complaints or mandatory reports filed with the NZ Speech-Language Therapist's Association in the last 3 years?

Yes [] No [] If 'yes' please provide brief details:

9. MEDICAL (All questions must be completed):

Have you in the past or do you have any injury or medical condition caused by gradual process, disease or infection, for example hearing loss, sensitivity to chemicals, repetitive strain injuries etc, that may be aggravated or further contributed to by the tasks of this job?

If yes, please provide details: Yes No

Do you suffer from any injury, ailment, other disability, or medical or health condition which may adversely affect your regular attendance at work or ability to effectively carry out the functions and tasks of the position applied for?

If yes, please provide details: Yes No

Are you on prescribed medication that we need to be aware of?

If yes, please provide details: Yes No

Have you had any ACC claims?

If yes, please provide details: Yes No

10. Referees *(Please give details of work-related referees that you authorise us to contact, ideally the person that you reported to.)*

Name	Company	Contact Phone Number	Position/Relationship to you ie Manager
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

DECLARATION:

I, (full name), in accordance with the Privacy Act 1993, hereby authorise the collection of information from any current or previous employer, training establishment, other agency or individual, for the purposed of determining by suitability for the position for which I am applying.

I declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may face disciplinary action including dismissal. Any offer of employment is made subject to satisfactory Police Vet results/Teachers Council registration. Should you have already commenced employment with the company prior to receiving results, and this check reveals information regarding criminal convictions/diversions or Teachers Council investigation/results which you have not declared or provided sufficient information in this application, you may face disciplinary action including dismissal. I also understand that any false information given in Section 9, the medical portion of this form, may result in my loss of entitlement for any compensation from ACC.

Signature: _____ **Date:** _____

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

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