



INFORMATION FOR RELIEVER APPLICANTS

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Please read this information carefully. It will help you complete your application and ensure you provide us with all the information we need to process your application.

- Your application pack will include:
 - Position Description – Kindergarten Teacher
 - Relievers Application for Employment
 - Police vet form
 - Equal Employment opportunities Data Sheet
- Your application must be completed in full and returned to the Northland Kindergarten Association to:
Appointments Secretary, Northland Kindergarten Association, PO Box 4005, Whangarei 0141
Email to: Appointments Secretary at appointments@nka.org.nz
- Please provide supporting material (eg: Curriculum Vitae) in a format that can be easily photocopied eg: **not in folders/plastic covers**. Supporting material should be relevant to the position applied for. **Please, no staples.**
- A maximum of two referees names and contact details must be submitted. They must be able to comment on your qualities as a teacher.
- If you are a new graduate and unable to supply referees names and contacts please forward a copy of your final report from the training provider, and from another workplace.
- All applicants for teaching positions must have:
 - a) **A certified copy** of Qualifications (minimum -Diploma of Teaching ECE or Bachelor of Teaching or a recognised equivalent qualification.)
 - b) A current first aid certificate (or verification that you are enrolled on an upcoming course with a certified training provider).
 - c) A current practising certificate issued by the NZ Teachers' Council – either provisional, subject to confirmation or full registration.
- Please note that the Northland Kindergarten Association has a Non Smoking Policy that covers all Kindergarten grounds and buildings.

On receipt of your application:

- An acknowledgement letter confirming receipt of your application will be emailed to you.
- You will be contacted to arrange a pre-work meeting by a member of NKA's management team.
- All interviews are conducted at the **Northland Kindergarten Association Office 2 Colenso Street, Kamo, Whangarei.**

If you have any queries about your application to be a reliever, please contact Carol Wati, phone (09) 4359 099 Ext 2. Mobile 0274379201 or email: appointments@nka.org.nz

NORTHLAND KINDERGARTEN ASSOCIATION

POSITION DESCRIPTION - KINDERGARTEN TEACHER

Responsible to: Head Teacher, Professional Practice Manager, Operations Manager, and Chief Executive.

Working Relationships: Children, Parents/Whanau, Colleagues, Professional Practice Manager, Operations Manager, Chief Executive, Services Manager, Kindergarten Association Staff, Parent Group, Government Agencies and other organisations.

Nature and Scope of the position: The Teacher is a member of the teaching team and as such is expected to participate positively and co-operatively with the Head Teacher and other team members to ensure the provision of quality early childhood care and education is implemented.

1. Learning & Teaching:

- a) To understand and implement Te Whaariki.
- b) To implement the cycle of teaching, learning, and assessment.
- c) To reflect the place of Maori as tangata whenua and the principle of partnership inherent in Te Tiriti o Waitangi.
- d) To continually evaluate and reflect on teaching and act on areas where it can be improved.
- e) To participate fully in the planning, assessment and evaluating of programmes for individual and groups of children.
- f) To use Information and Communication Technology appropriately to enhance children's learning.

2. Learning Environment:

- a) To demonstrate and implement positive guidance strategies.
- b) To demonstrate a wide range of teaching approaches that includes all children in their learning.
- c) To create and maintain a safe environment that is conducive to learning.
- d) To demonstrate expectations that value and promote learning.
- e) To establish positive relationships with children that respects their individuality culture and place in their community.

3. Communication and Co-operation:

- a) To communicate and consult with parents/guardians/whanau in a way that acknowledges and respects their values, needs and aspirations.
- b) To work co-operatively and effectively as a teaching team member.
- c) To aspire to and take on roles of leadership.

4. Operations and Administration:

- a) To be involved in activities that contributes to the smooth running of the Kindergarten.
- b) To develop sound knowledge and skills in relation to the Northland Kindergarten Association's administrative requirements.
- c) To participate in all aspects of health and safety requirements.
- d) To use ICT appropriately in the management of the kindergarten's operations.

I agree to the terms as set out in this Job Description for Teacher within the Northland Kindergarten.

Signed..... Teacher Date.....

Signed.....Association Representative



Northland Kindergarten Association
Te Kura Kōhungahunga Tōpū o Te Taitokerau

RELIEVER TEACHER APPLICATION FORM

1. PERSONAL DETAILS:

Name: _____ Phone: _____

Address: _____ Mobile: _____
_____ Post code _____ Email: _____

Emergency Contact: _____ Phone _____

2. RELIEVING INFORMATION:

Teacher Registration No: _____ Category: Full / Prov. / STC. Expiry Date: _____

First Aid Cert. Expiry Date: _____ Availability: Day to Day Short term

Days Not Available: _____ Notice required: Same day Night before

3. EARLY CHILDHOOD EDUCATION TEACHING QUALIFICATIONS:

Diploma of Early Childhood Education Year attained

Bachelor of Teaching Degree ECE Year attained

Bachelor of Education Year attained

Equivalency Year attained

Where training undertaken.....

Other relevant qualifications

4. HISTORY OF TEACHING PRACTICE:

Please ensure that you include all requested information in this section, as your history will determine your years of service and will directly relate to your rate of pay. Please continue on A4 if necessary.

YOUR APPLICATION CAN NOT BE PROCESSED UNTIL THIS FORM HAS BEEN COMPLETED.

Teaching Experienced Prior to gaining your teaching Qualification

Centre	Employer	Hours per week	Period of employment month / year
.....	From ... /..... to /.....
.....	From... .. /.....to /.....
.....	From... .. /.....to /.....
.....	From... .. /.....to /.....

Teaching Experienced since Gaining your teaching Qualification

Centre	Employer	Hours per week	Period of employment month / year
.....	From ... /..... to /.....
.....	From... .. /.....to /.....
.....	From... .. /.....to /.....
.....	From... .. /.....to /.....
.....	From ... /..... to /.....
.....	From... .. /.....to /.....
.....	From... .. /.....to /.....
.....	From... .. /.....to /.....

Please attach documentation to verify your service with each employer along with a verified copy of your qualification, first aid certificate and teachers practicing certificate.

I hereby verify that the information given above is true and correct, to the best of my knowledge.

Signed Date.....

5. GENERAL TEACHING STRENGTHS / SKILLS AND INTERESTS: Please comment on the following.

Your Practice in relation to curriculum implementations

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Your Practice in working with families

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How you work in a team environment

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Please detail any recent relevant experience you have had

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Please list (including dates and provider) any recent relevant Professional Learning you have undertaken

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6. 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

Has the Teachers Council received complaints / concerns about your practice in the past 5 years?

Yes No If yes, please provide full details:

7. HEALTH

Is there any reason why you may not be able to perform the essential functions of a teaching position?

Yes No If yes, please provide brief details:

8. REFEREES AND CONTACT NUMBERS

Please arrange for two people able to provide verbal references on your professional work
Names and contact numbers of referees who may be contacted for a verbal reference

- 1.
- 2.
- 3.

9. PERSONAL INFORMATION DISCLOSURE AUTHORITY

Ihereby authorise the collection of personal information from any current or previous employer, training establishment or individual, for the purpose of determining my suitability for the kindergarten position for which I am applying, without further reference to me.

Signature.....*NB Your authority is required in accordance with the provisions of the Privacy Act 1993*

10. DECLARATION

I declare that the information provided in this application and in my resume is accurate and I understand that if any false or misleading information is given or any material fact suppressed, I will not be employed or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC.

Signature.....Date.....

Please return to: **Carol Wati, Northland Kindergarten Association, P O Box 4005 Kamo 0141**
Email: appointments@nka.org.nz

All information that you provide will remain confidential to Northland Kindergarten. We may contact you personally if we need to clarify any information



Northland Kindergarten Association

Te Kura Kōhungahunga Tōpū o Te Taitokerau

EQUAL EMPLOYMENT OPPORTUNITIES DATA SHEET

Please complete the questionnaire below and return with your application. The information will remain confidential and will be used for statistical purposes only and will be destroyed following the completion of the annual EEO Report. Identification of name is not required.

DatePosition applied for.....

1. ETHNIC ORIGIN – Tick one or two boxes from the list below

- New Zealand European/Pakeha
- New Zealand Maori (can identify your iwi).....
- Pacific Islander – please identify which group(s)
 - Samoan Cook Island Maori Tongan
 - Niuean Tokelauan Fijian
- Other European (e.g. British, Australian, Scottish, Dutch) (Please specify)
.....
- Other Ethnic group (such as Chinese Indian, Vietnamese) (Please specify)
.....

2. GENDER Male Female

3. DISABILITY / DISABILITIES

a. Do you live with the effects of injury, long term illness or disability/disabilities?

- Yes No

b. Does your disability/illness/injury affect your (tick all that apply)

- Movement Vision
- Respiration/breathing Hearing
- Speech Concentration
- Emotional and Mental health Other (please specify)

Applicant: Please ensure that these supporting documents are submitted when applying for the above position

Application Pack	Police Vet form
Certified copies of Qualifications	Copy of First Aid Certificate
Copy of Practicing certificate	CV
Two forms of ID -Copy of Passport, drivers Licence, birth certificate, student ID – one copy must be photographic	
Employer's representative to check following:	
Meet with teacher	<input type="checkbox"/>
Primary ID Document checked	<input type="checkbox"/>
Photographic ID	<input type="checkbox"/>
Check Practicing Certificate	<input type="checkbox"/>
Check Councils online register	<input type="checkbox"/>
Police vet form completed	<input type="checkbox"/>
Check practising certificate status	<input type="checkbox"/>
PPM/OM/SM: Signature	
Date:	