



Northland Kindergarten Association
Te Kura Kōhungahunga Tōpū o Te Taitokerau

Information for Reliever Applicants

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:
 - a) Position Description – Kindergarten Teacher
 - b) Equal Employment opportunities Data Sheet
 - c) Reliver Teacher Application Form
 - d) Police vet form (if applicable)
- Your application must be completed in full and returned to the Northland Kindergarten Association to:
Appointments Secretary, Northland Kindergarten Association
Email: appointments@nka.org.nz
- Your submitted application must include:
 - a) Two **certified copies of Identification**. One Primary and Secondary. (One must be photographic).
 - One Primary ID
 - Current NZ/Overseas Passport,
 - NZ Birth Certificate issued on or after 01/Jan/1998.
 - One Secondary ID
 - Current NZ Drivers' licence (front and back to be provided),
 - IRD Number,
 - Current Community Service Card,
 - NZ issued utility bill -issued not more than 6 months earlier.
 - Supporting name change documents.

If either ID has a different name to the other, please **provide documentation to support this.**

 - NZ Marriage Certificate (Particulars of Marriage is not valid),
 - Change of came by statutory declaration,
 - Change of name by deed poll,
 - NZ name change certificate,
 - NZ civil union certificate,
 - NZ order dissolving marriage or civil union,
 - NZ order declaring marriage or civil union.
 - b) 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.**
 - c) A maximum of two referees names including current contact details Referees must be able to comment on your qualities as a teacher.

- d) A **Certified copy** of Qualifications (minimum - Diploma of Teaching ECE or Bachelor of Teaching or a recognised equivalent qualification.)
 - e) A current first aid certificate (or verification that you are enrolled on an upcoming course with a certified training provider).
 - f) A current practising certificate issued by the NZ Teachers' Council – either Tomua (Provisional), Tūturu (Full) or Pumua (Subject to confirmation or full registration).
 - g) A service letter from previous employers (on company letter head) detailing your experience and the actual dates of employment in this position, and fulltime / part time hours to determine years of service for salary purposes.
- 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.
 - If you are unable to supply any of the above information, please make note of the reason within your application.

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 usually 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:

Lloyd Gurr. Phone (09) 435 9099 Ext 8. Mobile 027 826 3930 or email: appointments@nka.org.nz



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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:

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

2. Learning Environment:

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

3. Communication and Co-operation:

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

4. Operations and Administration:

- To be involved in activities that contributes to the smooth running of the kindergarten.
- To develop sound knowledge and skills in relation to the Northland Kindergarten Association's administrative requirements.
- To participate in all aspects of health and safety requirements.
- 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
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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.

Date Position applied for.....

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

- ☐ New Zealand European/Pakeha
- ☐ New Zealand Māori (can identify your iwi)
- ☐ Pacific Islander – please identify which group(s)
- | | | |
|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Tongan |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Fijian |
- ☐ Other European (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)

- | | |
|--|---|
| <input type="checkbox"/> Movement | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Respiration/breathing | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Speech | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Emotional and Mental health | <input type="checkbox"/> Other (please specify) |



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Reliever Teacher Application Form

1. PERSONAL DETAILS:

Name: _____ Phone: _____

Address: _____ Mobile: _____

_____ Post code _____ Email: _____

Emergency Contact: _____ Phone _____

2. RELIEVING INFORMATION:

Teacher Registration No: _____ Expiry Date: _____

Category: ☐ Tomua (Provisional Practising Certificate) ☐ Tūturu (Full Practising Certificate) ☐ Pumau (Previously subject to confirmation)

First Aid Cert. Expiry Date: _____

Availability: Day to Day ☐ Short term ☐

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

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Supply copies of certified 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 supply 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.

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 application to: **Lloyd Gurr**
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.

Application Checklist:

Please ensure that the following supporting documents are included with your application:

- ☐ Completed Application Form
- ☐ **Certified** copies of Qualifications
- ☐ Copy of Practicing certificate
- ☐ Service letter from previous employer (on company letter head)
- ☐ Police Vet form (If applicable)
- ☐ CV
- ☐ Copy of First Aid Certificate
- ☐ Two forms of **certified** ID (*One must be photographic*)

One Primary ID

- Current NZ/Overseas Passport,
- NZ Birth Certificate issued on or after 01/Jan/1998.

One Secondary ID

- Current NZ Drivers' licence (front and back to be provided),
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