

**Kirkwood Intermediate School**

**Job Application Package**

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

1. Covering letter detailing your reasons for applying for this position;

2. Completed Application Form;

3. Curriculum Vitae;

4. Contact details of two professional referees.

Applications should be sent to:

The Principal

Kirkwood Intermediate School

260 Riccarton road

P O Box 29242

Christchurch 8440

[phil\_tappenden@kirkwood.school.co.nz](mailto:phil_tappenden@kirkwood.school.co.nz)

[www.kirkwood.school.nz](http://www.kirkwood.school.nz)

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| --- | --- | --- | --- | --- | --- | --- |
| **Application for Teaching Position at Kirkwood Intermediate School** | | | | | | |
| *Position* | |  | | | | |
| *Full Name* | |  | | | | |
| *Address* | |  | | | | |
| *E-mail Address* | |  | | | | |
| *Cell Phone Number* | |  | | | | |
|  | |  | | | | |
| ***Education Qualifications Summary*** | | | | | | |
| *Completed Degree* | | *Date Awarded:* | |  | | |
| *Higher Diploma of Teaching* | | *Date Awarded:* | |  | | |
| *Advanced Diploma of Teaching* | | *Date Awarded:* | |  | | |
| *Diploma of Teaching* | | *Date Awarded:* | |  | | |
|  | |  | |  | | |
| **Details of my last 5 years of experience** | | | | | | |
| *Year* | *Position* | | *Date From:* | | | *Date To:* |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
|  |  | |  | | |  |
| *Present position* |  | | | | | |
| *Total Years of Teaching Service* | |  | | | | |
| *Relevant Professional development to advertised position* | |  | | | | |
| *Curriculum strengths* | |  | | | | |
| *Extra-curricular strengths I would bring to this school* | |  | | | | |
| *Interests* | |  | | | | |
| *Extra information I would like to add to my application* | |  | | | | |
|  | |  | | | | |
| ***Referees***  *Please provide names and contact details of at least two persons from whom professional confidential statements may be obtained in support of your application.* | | | | | | |
| **Referee No: 1** | | | | | | |
| Full Name: | | Position: | | | Contact Details: | |
| **Referee No: 2** | | | | | | |
| Full Name: | | Position: | | | Contact Details: | |
| **Referee No: 3** | | | | | | |
| Full Name: | | Position: | | | Contact Details: | |

In accordance with the Privacy Act 1993, I give consent for the Board of Trustees or their representatives to make enquiries from the referees listed in this application and give consent to the referees’ making such information available.

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_