KIA RANGATIRA
PAPAKURA
HIGH SCHOOL

APPLICATION FORM

ASSOCIATE PRINCIPAL

Applications should be e-mailed to p.kaisser@papakurahigh.school.nz
to be received no later than **3.00pm, on Monday 21 September 2026**

PRIVACY OF PERSONAL INFORMATION

The information you provide on this application form will be collected and held by the principal of Papakura High School. It is being collected for the sole purpose of assessing your suitability for employment in the position applied for.

If your application is successful, this form will be retained on your personal file. If unsuccessful it, along with your other application information, will be confidentially destroyed.

1 PERSONAL DETAILS

Family Name:		First Name:	
Address:			
Phone:	Home	Mobile	Business / Ext.
Registration Number:		Classification	Expiry date

2 TERTIARY EDUCATION COMPLETED

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

3 TERTIARY STUDY CURRENTLY BEING UNDERTAKEN

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

4 SIGNIFICANT RELEVANT PROFESSIONAL DEVELOPMENT IN THE PAST 3 YEARS

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

5 PRESENT POSITION

Name and Address of School or place of employment	

Period of employment	from	to	
Position/s held		Current salary step	

6 PREVIOUS EMPLOYMENT POSITIONS

Years	Name & Address of School/Employer	Position(s) Held

7 PROFESSIONAL ASSOCIATIONS

8 COMMUNITY INVOLVEMENT

9 CONVICTIONS AGAINST THE LAW

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?	YES		NO	

If 'YES' enclose a certified copy of the entry in the Criminal Record Book relating to the conviction(s),obtained from the Registrar of the Court concerned. The copy should be accompanied by anycomments regarding the offence which you wish to make. Give full details:

Note: proof of current New Zealand teacher registration may be requested from all short-listed applicants or preferred applicants prior to confirmation of appointment.

10 REFEREES

Written reports on the attached form are required from 2 referees and are due by **3.00pm on Monday 21 September 2026.**
Please give details of your referees that you authorise us to contact.

a) Name:		Phone:	
Position Held:			
Address			

b) Name:		Phone:	
Position Held:			
Address			

c) Name:		Phone:	
Position Held:			
Address			

11 DOCUMENTATION, PROOF OF IDENTITY

Please list the documents that you have attached to this application form. Enclose ONLY COPIES of original documents. Please provide two types of proof of identity (one photo ID, e.g. passport, driver's licence and one record ID, birth certificate, bank statement

12 DECLARATION

I certify that the information on this form is complete and correct in every detail and I understand that deliberate inaccuracies or omissions may result in non-acceptance of this application and/or termination of employment

Signature:	
Date:	

13 AUTHORISATION

Do you agree to inquiries being made as to the accuracy of information contained in this application form or associated documents, or any other matter relating to your suitability for employment?

Please indicate as appropriate:	Yes	No
Present Employer	☐	☐
Past Employer	☐	☐
Other Referees	☐	☐
Former Principal	☐	☐

Signature:		Date:	