**Educator Application form – Confidential (**To be completed personally by the applicant)

Note: The completion of this form does not indicate that there is any obligation on the part of Kids Pace 2014 Ltd to engage the applicant. The information requested herein is required by Kids Pace 2014 Ltd to assist in considering your suitability for engagement with Kids Pace 2014 Ltd.

Given Names.................................................Family Name:..............................................

Date of birth.....................................

Preferred name........................................................................Male/Female...........................................

ID 1 Details.......................................................ID 2 details................................................(Copies provided – one must be photo ID

Ethnicity..........................................................................................Iwi affiliation...................................

Address...................................................................................................................................................

................................................................................................................................................................

Landline phone....................................................................Cellular phone............................................

Email.............................................................................................................

Preferred contact times.............................................................................................

If you application is successful when could you commence work?.....................................................

Do you consent to Kids Pace 2014 Ltd retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with Kids Pace 2014 Ltd in the future?.........YES / NO

Are you legally allowed to work in New Zealand? YES / NO

As a New Zealand citizen YES / NO

Permanent resident YES / NO

A holder of a current work permit YES / NO

QUALIFICATIONS

Provide full details of the qualifications you hold that are relevant to the position applied for.

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| Qualification | Year completed | Training provider | Location |
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REGISTRATION

Do you have NZ teacher registration? YES / NO

If yes, please provide your registration number:…………………………………………………….

What transport arrangements do you have for working in this role?.....................................................................................................................................................

LANGUAGES

Can you hold an everyday conversation in any language other than English? YES / NO

Please provide details……………………………………………………………………………………………………………………..

How long have you lived in this community?...................................................................................

How many people live in your home?.........................(Please give details below)

NAME DOB RELATIONSHIP SCHOOL/WORKPLACE TIMES AT HOME

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How long have you lived at this address?.............................................................................................

Is this home rented or owned by you (rented properties require a letter of confirmation from the lanlord that the property complies to any local building bylaws. Owned properties must be able to attest to complying to this same set of bylaws)?.....................................................................................

Do you care for children on a regular basis?........................................................................................

What is your previous 5 years job history?(CV or Chronological order)

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| --- | --- | --- | --- | --- | --- |
| Start date | Finish date | Employer | Location | Position held | Reason for leaving |
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Have there been complaints/disciplinary action made to the teachers council against you? YES/NO

Details......................................................................................................................................................

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Have there been complaints/disciplinary actions made against you to a previous employer? YES/NO

Details………………………………………………………………………………………………………………………………………………..

Are you involved in any community groups?.......................................................................................

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Have you ever applied or become a volunteer or educator for another home based education programme or other early childhood service? (Please give details – reason for leaving, time with service etc)

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Are your family supportive of you educating children in your own home?......................................

What previous experience have you had caring for children?..........................................................

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Why do you think you would be suited to this role?..........................................................................................................................................................

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Please list previous qualifications.....................................................................................................

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HEALTH

Are you in good health? YES/NO

Have you or anyone living in your home ever been treated or hospitalised for a mental illness or injury or condition that would have affected your ability to carry out fully the functions and responsibilities of the position applied for? YES / NO

If yes, please give details……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Are you or anyone in your household a smoker ( including vaping ) ? YES/NO

The ministry of education require us to provide smoke free and Vape free environments for children, both indoors and out. How would you provide this atmosphere?

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Have you had any condition, problems, injury, illness, disability or condition that would have affected your ability in the past or may affect your ability to carry out fully the functions and responsibilities of the position applied for? YES / NO

If yes, please give details……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Are you on any medication or under medical treatment or regularly ingest any substances that may affect your ability to carry out fully the functions and responsibilities of the position applied for? YES / NO

If yes, please give details……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Have you ever suffered from a back injury? YES / NO

Do you have any physical or other conditions that would make it difficult for you to:

Hear a child cry from 6 metres away? YES / NO

Sit on the floor without support? YES / NO

Move very quickly? YES / NO

Be on your feet for several hours? YES / NO

See a child clearly from 6 metres away? YES / NO

Pick up a child? YES / NO

Pick up toys and equipment from the floor? YES / NO

Be outside for more than 2 hours at a time? YES / No

Do you have any pets? YES/NO (Please give details)

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How do they relate to children?

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Are you willing, if required, to restrain pets while children are in care? YES / NO

Do you have a current drivers licence? YES/NO

If yes, what class? ………………………….Licence number?................................Expiry date……………………..

Do you have a motor vehicle with a current warrant of fitness and registration? YES/NO

Date warrant expires.................................Date registration expires......................................

All educators who are contracted to Kids Pace, plus all peoples 17 years or over living in or frequenting the property where care will take place, must be vetted by the Police.

Have you or anyone living in your property ever been convicted of a criminal offence or do you know of any reason why the police might consider you a risk to children? YES / NO

Have you or anyone living in your property ever been the subject of a diversion ordered by the courts? YES / NO

Are you or anyone living in your property awaiting the hearing of charge in a civil or criminal court? YES / NO

Do you have secondary employment YES / NO

If yes, please provide details:……………………………………………………………………………………………………………..

Has any previous employer ever taken disciplinary action regarding you? YES / NO

Please give details here:……………………………………………………………………………………………………………………..

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Te Whaariki is our early childhood guiding curriculum document in New Zealand and this is a bicultural curriculum. Becoming an educator means that you must be part of a learning process that embraces the Treaty of Waitangi and the Bicultural values held in New Zealand. Bicultural learning is woven into all of our profressional devlopment opportuntities. Are you willing and able to embrace this learning for the children you educate? YES/NO

Are you prepared to commence level 4 ECE study within 6 months of starting? YES/NO

Please list any children you may have to enrol

Name...........................................................................................DOB....................................................

Name...........................................................................................DOB....................................................

Name...........................................................................................DOB....................................................

Name...........................................................................................DOB....................................................

Vetting forms attached YES/NO

Health & Safety complete YES/NO

Current first Aid certificate YES/NO (A current first aid certificate is required within four months of start date)

Are you working for gain or reward (this means are you or are you going to be paid in some way for the role that you will fullfil with Kids Pace Education)? YES/NO

I understand that once per term I am required to attend a compulsory professional development course with Kids Pace Education YES/NO

I understand that by signing this form, should I be accepted as an educator for Kids Pace, I must inform Kids Pace Management of any convictions that arrise during my time contracted to Kids Pace YES/NO

Sign………………………………………………………………………………………….Date………………………………………………….

Please list three referees who have seen you with children or can provide a character reference for you (not family or friends)

Name...........................................................Phone.......................................Occupation..........................

Name...........................................................Phone.......................................Occupation..........................

Name...........................................................Phone.......................................Occupation..........................

COVID 19 Vaccination status………………………………………………………………………………………………………

I, …………………………………………………………..understand that I must have a current vaccine pass at all times and prior to commencing work as an educator YES / NO

I, ……………………………………………………………consent to Kids Pace 2014 Ltd seeking verbal or written information on a confidential basis about me from the representatives of my previous employers, training providers and / or referees and authorise the information sought to be released by them to Kids Pace 2014 Ltd for the purposes of ascertaining my suitability for the position for which I am applying. I understand the information received by Kids Pace 2014 Ltd is supplied in confidence as evaluative material and will not be disclosed to me. I agree to give three weeks written notice if I wish to withdraw from the service.

Signature:……………………………………………………………………………..Date:…………………………………………….

Educator declaration:

I …………………………………………………………………………………..(Full name) declare that all of the above information is true and correct to the best of my knowledge and any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be contracted, or if I am contracted, my contract will be terminated immediately. I also understand that any false information given in relation to my health or medical history or condition may result in my loss of entitlement for any ACC insurance and/ or compensation.

Signed: ………………..................................................................................................Date...........................

Management/Visiting Teacher Signature: Date: