

KIWISAVER INFORMATION (Pursuant to the KiwiSaver Act 2006).

- Are you currently a KiwiSaver member? Yes No
- If Yes, are you currently on an approved Contributions Holiday?
(If Yes, a copy of the IRD approval must be provided) Yes No
- If **not** currently on the KiwiSaver Scheme please answer the following:
Are you under 18 **or** aged 65 or over? Yes No
Are you a New Zealand or Australian Citizen,
or do you have Permanent Residence in New Zealand? Yes No

Ethnicity: (for statistical purposes only) to which of the following ethnic group(s) do you consider you belong - tick as many as reflects your ethnicity:

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Indian |
| <input type="checkbox"/> NZ Maori - state Iwi: _____ | <input type="checkbox"/> Tongan | <input type="checkbox"/> English |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Samoan | <input type="checkbox"/> American |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Japanese | <input type="checkbox"/> South African |
| <input type="checkbox"/> Cook Island | <input type="checkbox"/> Chinese | <input type="checkbox"/> Zimbabwean |
| <input type="checkbox"/> Other, please specify: | | |

Occupational Health and Disability

Give details of any condition which may have arisen from illness, accident or any other cause, eg hearing loss, occupational overuse syndrome, sensitivity to chemicals or back problems, which of the tasks of this position could aggravate or which could affect your ability to carry out this role:

Do you have a disability?

- No Yes

If Yes please describe it in general terms and what assistance may be necessary for you if appointed:

Section 3 – Education and Employment History

*For Teaching Roles please complete ALL SECTIONS 1 to 6
For Non-Teaching roles please complete sections 1, 2 and 6*

1. Qualifications, Degree(s) - (please indicate full time years of study or equivalent required to complete the qualification).

Title of Degree/Qualification	Awarded by	Year Completed

2. Directly relevant professional/industry work experience (paid or unpaid). Give dates (**OR** estimate part time hours if appropriate).

Name of Employer	Position Held	Full time/ Part time	Period of Service From / To

3. Teaching Qualifications – complete only if applying for a teaching role

Teaching Qualification	Awarded by	Year Completed

4. Recognised experience teaching adults. Please state the full time years taught and/or the number of part time hours taught and give dates (does not include secondary school teaching experience) – **complete only if applying for a teaching role** - *For teaching staff the starting salary assessment depends on the number of equivalent full time years that you have taught. It is important that you estimate as accurately as possible the total number of full time teaching years or teaching hours where work was part time.*

Name of Employer	Subjects Taught	Period of Service From / To	

5. Primary and/or secondary teaching experience. Be specific – state the full time years taught and give dates and/or an estimate of the part time hours taught if appropriate. - **complete only if applying for a teaching role** - *For teaching staff the starting salary assessment depends on the number of equivalent full time years that you have taught. It is important that you estimate as accurately as possible the total number of full time teaching years or teaching hours where work was part time.*

Name of Employer	Subjects Taught	Period of Service From / To	

6. Give details of relevant life experience for the role being applied for that is not described within the other categories – provide dates – All applicants to complete – please attach a separate sheet if necessary.

Referees

Please give full details of TWO people who may be approached for a confidential statement about your suitability for this position (referees should be able to give work related information and should have supervised or been senior to you).

Name: _____
Address: _____
Telephone: _____
Email: _____
Relationship: (e.g. current supervisor).

Name: _____
Address: _____
Telephone: _____
Email: _____
Relationship: eg former supervisor _____
(address, telephone and email (where available) contact details are required)

All information on this form is confidential and will be retained by the Human Resource Division of Christchurch Polytechnic Institute of Technology (CPIT) for six months unless appointed to a position or you specify otherwise.

I declare that the information I have supplied in this application form and in my curriculum vitae is true and correct. Providing false or incomplete information could be grounds for non-appointment or termination of appointment.

Signed: _____ Date: _____

Remember: Attach your CV and if you are applying for a casual or temporary position advise your availability for work.

HR Division Use Only

1 2 3 4 5 6

RATE: _____ **DATE ASSESSED:** _____