

Relieving with the Dunedin Kindergarten Association

Kia ora for your enquiry regarding relieving with the Dunedin Kindergarten Association.

Please complete the following requirements and return to Dunedin Kindergarten Association, PO BOX 3076, Dunedin 9045.

1. Relievers application form (see below)
2. Tax Code Declaration IR330 (download www.ird.govt.nz)

To find out more about our kindergartens and their locations visit www.dka.school.nz

Job vacancies can be downloaded from [management](#) page on the website, scroll down to [careers](#). We look forward to hearing from you again.

Christine Gale

Professional Leader

RELIEVER APPLICATION FORM

(Please complete **all** of the following fields)

PERSONAL DETAILS

First Name (s)..... Surname

Previous Name (s) Email

Address
.....postcode

Phone Number (s)..... Mobile

Are you a New Zealand Citizen /permanent resident? Yes No

If no, do you hold a valid work permit? Yes No

PAYROLL DETAILS

Tax Code (Attach IR330)

IRD Number

Bank and Branch:

Bank Account Number:.....

NZEI Member Yes No

If yes direct debit union fees from wages? Yes No

QUALIFICATIONS ACHIEVED

- NZFKU Diploma ECE Diploma BEd/Teaching
- Post Graduate Diploma Equivalency Other (Please specify)

NB: A copy of all certificates must be enclosed.

Other Qualifications - please provide details

.....
.....

Registration Category Full Provisional Subject to Confirmation

Number Expiry

First Aid, do you have a current certificate? Yes No Date Issued

EMPLOYMENT (As a qualified teacher, if a graduate please list postings)

Position:

Kindergarten / Service:

Period of Employment:(years and months)

Permanent or Relieving:

Full or part time (hours per week)

Position:

Kindergarten / Service:

Period of Employment:(years and months)

Permanent or Relieving:

Full or part time (hours per week)

Position:

Kindergarten / Service:

Period of Employment:(years and months)

Permanent or Relieving:

Full or part time (hours per week)

Position:

Kindergarten / Service:

Period of Employment:(years and months)

Permanent or Relieving:

Full or part time (hours per week)

AVAILABILITY

Day to Day Yes No

Short Term Yes No

Long Term Yes No

Are there any days or periods you are not available?

HEALTH

Is there any reason you may not be able to perform the essential functions of the position you are applying for? Yes No

If yes, please provide brief details:

.....
.....

PERSONAL INFORMATION DISCLOSURE AUTHORITY

I,, hereby authorise the collection of personal information from named referees, any current or previous employer, training establishment, other agency or individual, for the purpose of determining my suitability for the kindergarten position for which I am applying, without further reference to me. I authorise the DKA to disclose such personal information as is necessary for the same purpose.

Please specify below any agency or individual to whom you do not wish an approach to be made in relation to this application:

.....

N.B. Your authority is required in accordance with the provisions of the Privacy Act 1993.

REFEREES

Please provide details of two referees who are able to provide comment on your professional work.

1. Phone

2. Phone

DECLARATION

I declare that I have no criminal convictions and therefore, I am safe to work with children immediately.

Your complete application should include:

- Completed application form
- Certified copy of qualifications held
- Copy of current practicing certificate (teacher registration)
- Current first aid certificate

Signed Date:

Employer Use Only

Management Authorisation: Date:

Salary step		Payroll loaded	
Infocare loaded		Reliever sheet updated	
Employment contract		Sheryl advised	