



Northland Kindergarten Association
Te Kura Kōhungahunga Tōpū o Te Taitokerau

Reliever Teacher Application Pack

Kia ora

Thank you for your interest in joining the Northland Kindergarten Association as a reliever.

This pack contains all the information and forms you need to complete your application. Please read the instructions carefully and provide all required details and supporting documents. This will help us process your application promptly and keep things moving smoothly.

Relievers play an important role in supporting our kindergartens and ensuring continuity of care and education for our tamariki, and we're looking forward to working with you.

Ngā mihi nui,

Appointments Secretary
Northland Kindergarten Association

Your application pack includes:

- a) Reliever Teacher Application Form
- b) Position Description – Kindergarten Teacher
- c) Equal Employment opportunities Data Sheet
- d) Police vet form (to be completed if applying as an untrained/un-registered Reliever)

Submission Instructions:

Completed applications, including all relevant supporting material are to please be returned:

- In person, to **Northland Kindergarten Association Office 2 Colenso Street, Kamo, Whangarei**, or
- Via email to: appointments@nka.org.nz

Please address the email subject line as: RELIEVER APPLICATION – [Your Full Name]

All information that you provide will remain confidential to Northland Kindergarten Association. We may contact you if we require further information.

What to Include in your application:

1. Identification

a) Two **certified copies of Identification**. One Primary and Secondary. (One must be photographic).

One Primary ID

- Current NZ/Overseas Passport,
- NZ Birth Certificate issued on or after 01/Jan/1998.

One Secondary ID

- Current NZ Drivers' licence (front and back to be provided),
- IRD Number,
- Current Community Service Card,
- NZ issued utility bill - issued not more than 6 months earlier.

b) **Supporting name change documents**. If either ID (or any supporting documents provided) has a different name to the other, please **provide one of the following documents**:

- NZ Marriage Certificate (Particulars of Marriage is not valid),
- Change of name by statutory declaration,
- Change of name by deed poll,
- NZ name change certificate,
- NZ civil union certificate,
- NZ order dissolving marriage or civil union,
- NZ order declaring marriage or civil union.

2. Supporting material

a) Cover letter

b) Curriculum Vitae

c) Trained relievers are to please provide:

- A **Certified copy** of all relevant Qualifications (minimum - Diploma of Teaching ECE or Bachelor of Teaching or a recognised equivalent qualification).
- A current practising certificate issued by the NZ Teachers' Council – either Tomua (Provisional), Tūturu (Full) or Pumua (Subject to confirmation or full registration).
- A **current first aid certificate** (or verification that you are enrolled on an upcoming course with a certified training provider).
- A currenting child protection certificate
- A **service letter from previous employers (on company letter head)** detailing your experience and the actual dates of employment in this position, and fulltime / part time hours to determine years of service for salary purposes.

3. Referees

- a) A maximum of two referees names including current contact details.
- b) Referees must:
 - Be able to comment on your qualities as a teacher.
 - Must not be a family member

Special notes:

- **New Graduates:** If you are a new graduate and unable to supply referees' names and contacts please forward a copy of your final report from the training provider, and a written reference from another workplace.
- **Missing Information:** If you are unable to supply any of the above information, please clearly make note of the reason within your application.

On receipt of your application:

- An acknowledgement confirming receipt of your application will be emailed to you.
- Providing all required information is provided, you will be contacted to arrange a pre-work interview by a member of NKA's management team.
- All interviews are usually conducted at the **Northland Kindergarten Association Office 2 Colenso Street, Kamo, Whangarei.**
- Following your interview, on completion of valid safety check you will be contacted via email to confirm your position as a reliever and advised of the next steps involved.

Further Assistance:

If you have any queries about your application to be a reliever, please contact:

The Appointments Secretary
Northland Kindergarten Association
Email: appointments@nka.org.nz
Phone: 09 955 9390

Application Checklist:

Please ensure that all required documents are included with your application:

- Completed Application Form
- Certified** copies of all relevant Qualifications
- Copy of Practising certificate
- [Service letter\(s\) from previous employer \(on company letter head\)](#)
- Police Vet form (page 2 to be completed if you're an untrained reliever or your Practising Certificate has expired)
- Cover letter
- CV
- Copy of current First Aid Certificate
- Copy of current Child Protection Training Certificate
- Two forms of **certified** ID (One Primary and One Secondary)
- Supporting name change document (if required)
- Position Description – Kindergarten Teacher (signed)
- Equal Employment opportunities Data Sheet (signed)



Reliever Teacher Application Form

1. PERSONAL DETAILS:

Name: _____ Mobile: _____
 Address: _____ Email: _____
 _____ Post code: _____
 Emergency Contact: _____ Mobile: _____

2. RELIEVING INFORMATION:

Category: Full Practising Certificate Provisional Practising Certificate Untrained

Teachers Registration No: _____ Expiry Date: _____
 First Aid Cert. Expiry Date: _____
 Child Protection Cert. Issue Date: _____

3. HISTORY OF TEACHING PRACTICE:

Please ensure that you complete this section, as your history will determine your years of service and will directly relate to your rate of pay. Please note specific date and continue on additional page if necessary.

Please supply service letters to verify your service with each employer.

Teaching Experience Prior to gaining Qualification(s)

Name of Centre/Employer	Hours per week	Period of employment (Day/Month/Year)
_____	_____	/ /
_____	_____	/ /
_____	_____	/ /

Teaching Experience since to gaining Qualification(s)

Name of Centre/Employer	Hours per week	Period of employment (Day/Month/Year)
_____	_____	/ /
_____	_____	/ /
_____	_____	/ /

4. HEALTH

Is there any reason why you may not be able to perform the essential functions of a teaching position?

Yes No If yes, please provide brief details below:

5. PREVIOUS CONVICTIONS

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?

Yes No If yes, please provide brief details below:

Has the Teachers Council received complaints / concerns about your practice in the past 5 years?

Yes No If yes, please provide full details below:

6. REFEREES AND CONTACT NUMBERS

Please arrange for two people able to provide verbal references on your professional work

Names and contact numbers of referees who may be contacted for a verbal reference

	Referee Name	Relationship	Contact Number
1.	_____	_____	_____
2.	_____	_____	_____

7. DECLARATION AND AUTHORITY FOR PERSONAL INFORMATION DISCLOSURE

I _____ hereby authorise the collection of personal information from any current or previous employer, training establishment or individual, for the purpose of determining my suitability for the kindergarten position for which I am applying, without further reference to me.

I also declare that the information provided in this application and in my resume is accurate and I understand that if any false or misleading information is given or any material fact suppressed, I will not be employed or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC.

Signed: _____ Date: _____

NB Your authority is required in accordance with the provisions of the Privacy Act 1993



Northland Kindergarten Association
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POSITION DESCRIPTION – KINDERGARTEN TEACHER

Responsible to:	Head Teacher, Professional Practice Manager, Operations Manager, and Chief Executive.
Working Relationships:	Children, Parents/Whanau, Colleagues, Professional Practice Manager, Operations Manager, Chief Executive, Services Manager, Kindergarten Association Staff, Parent Group, Government Agencies and other organisations
Nature and Scope of the position:	The Teacher is a member of the teaching team and as such is expected to participate positively and co-operatively with the Head Teacher and other team members to ensure the provision of quality early childhood care and education is implemented.

1. Learning & Teaching:

- a) To understand and implement Te Whaariki.
- b) To implement the cycle of teaching, learning, and assessment.
- c) To reflect the place of Maori as tangata whenua and the principle of partnership inherent in Te Tiriti o Waitangi.
- d) To continually evaluate and reflect on teaching and act on areas where it can be improved.
- e) To participate fully in the planning, assessment and evaluating of programmes for individual and groups of children.
- f) To use Information and Communication Technology appropriately to enhance children's learning.

2. Learning Environment:

- a) To demonstrate and implement positive guidance strategies.
- b) To demonstrate a wide range of teaching approaches that includes all children in their learning.
- c) To create and maintain a safe environment that is conducive to learning.
- d) To demonstrate expectations that value and promote learning.
- e) To establish positive relationships with children that respects their individuality culture and place in their community.

3. Communication and Co-operation:

- a) To communicate and consult with parents/guardians/whanau in a way that acknowledges and respects their values, needs and aspirations.
- b) To work co-operatively and effectively as a teaching team member.
- c) To aspire to and take on roles of leadership.

4. Operations and Administration:

- a) To be involved in activities that contributes to the smooth running of the kindergarten.
- b) To develop sound knowledge and skills in relation to the Northland Kindergarten Association's administrative requirements.
- c) To participate in all aspects of health and safety requirements.
- d) To use ICT appropriately in the management of the kindergarten's operations.

I agree to the terms as set out in this Job Description for Teacher within the Northland Kindergarten.

Signed..... Teacher Date.....

Signed..... Association Representative



Northland Kindergarten Association
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Equal Employment Opportunities Data Sheet

Please complete the questionnaire below and return with your application. The information will remain confidential and will be used for statistical purposes only and will be destroyed following the completion of the annual EEO Report. Identification of name is not required.

Date Position applied for.....

1. ETHNIC ORIGIN – Tick one or two boxes from the list below

- checkboxes for New Zealand European/Pakeha, New Zealand Māori, Pacific Islander (Samoa, Cook Island Māori, Tongan, Niuean, Tokelauan, Fijian), Other European, Other Ethnic group

2. GENDER

- checkboxes for Male, Female

3. DISABILITY / DISABILITIES

a. Do you live with the effects of injury, long term illness or disability/disabilities?

- checkboxes for Yes, No

b. Does your disability/illness/injury affect your (tick all that apply)

- checkboxes for Movement, Respiration/breathing, Speech, Emotional and Mental health, Vision, Hearing, Concentration, Other (please specify)

Section 1 Agency to completeFor more information please see the [Guide to completing the Request & Consent Form](#)*This form refers to the [Policing \(Police Vetting\) Amendment Bill](#) ("Vetting Bill"), which is expected to amend the Policing Act 2008.***1.1 Name of the agency submitting the vetting request.**

1.2 Name of the vetting subject (the person being vetted).

1.3 Description of the role of the vetting subject.*This is a brief description of the role (not the job title). This is used by Police to help decide what type of vet is conducted if it is unclear from the following questions.*

1.4 Which groups will the vetting subject be working with? (select all that apply)

-
- Children/Young people
-
- Vulnerable adults

1.5 Does the role involve caring for people in the home of the vetting subject?*This is about whether the vetting subject is providing services out of their own home (that is, are vulnerable children or adults visiting the home of the person being vetted for support).*

-
- Yes
-
- No

1.6 Is the vetting subject:

-
- A paid worker
-
- A volunteer
-
- Undertaking vocational or educational training

1.7 Is the vetting subject a Children's Worker according to the Children's Act 2014, section 23(1)?*If the vetting subject is not working with children/ young people (Q 1.4), tick 'No' then skip to question 1.11.**If the vetting subject IS working with children (Q 1.4) AND is a volunteer (Q 1.6), tick 'No' then skip to question 1.9.*

-
- Yes
-
- No (skip to question 1.9)

1.8 Is the role of the vetting subject a core or non-core worker role according to the Children's Act 2014, section 23(1)?

-
- Core worker
-
- Non-core worker

1.9 Has the vetting subject previously been Police vetted by your agency?

-
- Yes
-
- No (skip to question 1.11)

1.10 Is the vetting subject still working in the role for which your agency last obtained a Police vet?*If this request is a renewal of the person's previous vet for this role, please select Yes. Otherwise, answer No.*

-
- Yes
-
- No – the vetting subject is applying for a new role or position

1.11 What is the job title of the vetting subject?

This is the title of the job they are being vetted for.

1.12 Evidence of identity (to be completed by agency representative or identity referee)

See the [consent form guide](#) for details on how to complete this section.

- A primary ID has been sighted (mandatory). A secondary ID has been sighted (mandatory).
- One form of ID is photographic (mandatory). Evidence of name change has been sighted (if applicable).

OR: *If your agency is able to accept a verified RealMe identity then:*

- An assertion of a RealMe identity has been received (see the [consent form guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Authorised Agency Agreement](#) and the [Vetting Bill](#).
- ✓ I am satisfied as to the identity of the vetting subject.
- ✓ I have obtained the authorisation of the vetting subject to submit this vetting request as set out in section 2 of this form.
- ✓ For vetting requests on individuals aged 14 or 15, I have obtained the authorisation of a parent or guardian.

Agency Representative:

Full name:		Date: (dd/mm/yyyy)	
Signature:		Or electronic signature: *	<input type="checkbox"/>

* If applicable, ticking this box constitutes an electronic signature and your consent for its use in this form.

Section 2 Vetting subject to complete - and return to the agency

This form refers to the [Policing \(Police Vetting\) Amendment Bill](#) ("Vetting Bill"), which is expected to amend the Policing Act 2008.

2.1 Information about your consent

- *The purpose of this form is to allow the New Zealand Police Vetting Service to confirm who you are using Police records, carry out a Police vet, and obtain your consent to share any relevant information with the agency that requested the vet.*
- *What you are consenting to.* You are agreeing that the Police Vetting Service can share relevant information they hold about you (if any) with the requesting agency. This information will be used to help the agency decide whether you are suitable for the role they are considering you for or that you are engaged in.
- The information that may be shared is outlined in *section 2.2* of this form. For further details, you should refer to the [Vetting Bill](#) or visit the [Police vetting website](#).
- *Who collects your consent.* The agency requesting the Police vet will collect your signed consent.
- *The law that applies.* Your consent is required by law. We are asking for your consent under the [Vetting Bill](#).
- *Your rights under the Privacy Act 2020 include:* you may request a copy of the Police vet report provided to the agency by contacting the agency. You can withdraw your consent to a Police vet at any time before the vetting process is complete by contacting the agency. The agency may keep the Police vet only for as long as required for vetting purposes.
- You may request *correction of your personal information* at any time at [police.govt.nz -> requesting information](https://police.govt.nz/requesting-information).
- *How long the information is valid for.* The information in the Police vet is correct only at the time it is shared. It is up to the agency to decide how often they ask for updated vetting.

2.2 Information about you that may be shared

1. **A Police vet will include the following information, if held by New Zealand Police.** Please refer to the [Police vetting website](#) for more information regarding the [Clean Slate Scheme](#), what may be released, and the vetting process.

Either:

- a. A result indicating that no information is held or relevant to the purpose of the vetting request,

Or, one or both of:

- b. The vetting subject's criminal record (if any), unless the Clean Slate Scheme applies.
- c. A summary of other information that is readily retrievable, relevant to the purpose of the vetting request, and deemed accurate.

This may include pending charges, charges without conviction, youth court charges, infringement offences, demerit points, arrest warrants, involvement in family violence, overseas convictions, police investigations without charges, interactions with Police, and other information held by Police.

Information may also be released where it is subject to a suppression order or statutory prohibition, involves offences by individuals under 18, or relates to mental health or substance abuse issues.

2. If you are vetted as a Children's Worker, and you continue to hold that role, the Police Vetting Service may release any newly obtained relevant information to the requesting agency at any time.

The Police Vetting Service will take reasonable steps to:

- a. confirm that the purpose of the Police vet remains valid – for example, that you are still employed or engaged as a Children's Worker, and
- b. notify you before any information is disclosed.

3. Information provided in this consent form may be used to update New Zealand Police records.

2.3 Personal information*** Mandatory field**

Family/last name *		(that you are most commonly known by)	
Given/first and middle name(s) *			
Gender *		Date of birth * (dd/mm/yyyy)	(must be 14 years of age or over)
Place of birth (Town/City/State)			
Country of birth *			
NZ Driver Licence number			
Name of parent or guardian		(if vetting subject is 14 or 15 years old *)	

2.4 Other names

Please include all other names you are or have been known by. Including, but not limited to: previous legal names (eg. maiden names, or due to divorce or adoption), aliases used, name changes by deed poll. Include ALL names - first, middle and last.

Family name	First name	Middle names

2.5 Permanent residential address*** Mandatory field**

Flat/number - and street name *			
Suburb		Postcode	
Town/City *			

Authorisation of vetting subject. By signing this form:

- ✓ I confirm that the information I have provided in this form is about me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information relevant to this application (as described above) to the agency making this request.

Full name:		Date: (dd/mm/yyyy)	
Signature:		Or electronic signature: *	<input type="checkbox"/>

If you are 14 or 15 years of age (as at the date of the application) please provide consent from a parent or guardian.

Parent/Guardian's full name:		Date: (dd/mm/yyyy)	
Parent/Guardian's signature:		Or electronic signature: *	<input type="checkbox"/>

* If applicable, ticking this box constitutes an electronic signature and your consent for its use in this form.