

The Commissioner for Pitcairn Islands

Pitcairn Islands Office

Private Bag 105 696

Auckland

New Zealand

Phone (09) 366 0186

Fax (09) 366 0187

**EDUCATION OFFICER
PITCAIRN ISLAND**

1. PERSONAL

Surname: _____ **Christian Names:** _____

Mrs, Miss, Ms, Mr. **Married/Single** (delete one) **Date of Birth** _____

Full Postal Address: _____

Ages of Dependent Children: _____

Spouse's Occupation _____ **and their other job related skills**

Telephone Numbers: _____ **(work)** _____ **(home)**

Please complete the remainder of this application form as it applies to your experience, as fully as possible. Where the information requested is included in your C.V. please make reference to this. It is not necessary to repeat information.

2. EDUCATIONAL QUALIFICATIONS:

Please list completed qualifications and the years these were completed:

Please list any incomplete qualifications which you may be working on and name the papers you have completed toward this qualification:

3. POSITIONS HELD:

Please list current or most recent position first.

Position	Class Level	School	Ministry District/ Education Board	Length of Service

4. CURRICULAR STRENGTHS:

Please state any curriculum areas in which you feel you have strengths:

5. CURRICULUM RESPONSIBILITIES:

Please list curriculum areas for which you have had leadership responsibilities in the past.

6. EXTRA-CURRICULAR STRENGTHS:

Please list any extra-curricular strengths you have which may have relevance to teaching.

7. **SUITABILITY FOR THE POSITION:**

Please supply details as to why you feel that you are suitable for this position. In so doing, please comment upon your experience in relation to the following: Relationships with children, teaching children of different cultural backgrounds, methods of teaching, planning preparation and records, experience in managing a small school, relationships with community, employment experience and voluntary positions held outside teaching, experience in remote or isolated communities. (Continue on a separate sheet if necessary or make references to you C.V.)

8. **CONVICTIONS AGAINST THE LAW:**

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

If 'Yes' please 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 any comments regarding the offence you wish to make. Give full details.

9. **CURRICULUM VITAE:**

Please submit a full **Curriculum Vitae** with your application. If you wish this to be returned following the completion of the appointment process, please include a stamped addressed envelope.

10. REFEREES:

Please give the names, addresses and telephone numbers of three **Referees** who may be asked to supply a statement. Please also indicate what position is held by each **Referee** and the relationship which they have with you.

Name: _____

Address: _____

Telephone: _____ Home _____ Work

Position: _____ **Relationship:** _____

Name: _____

Address: _____

Telephone: _____ Home _____ Work

Position: _____ **Relationship:** _____

Name: _____

Address: _____

Telephone: _____ Home _____ Work

Position: _____ **Relationship:** _____

11. CONFIRMATION:

I certify that the information given in this **Application** is to the best of my knowledge, correct. I understand that this may be verified.

Applicant's Signature: _____

Date: / /