

Early Childhood Teacher Relievers Pool – Auckland Application Form

Please complete all sections.

Surname:

ECE qualifications:

First names(s):

Teacher registration expiry date:

Address:

Specialist experience/training:

eg. Montessori, Pacific Island etc.

Period available:

Date Commence:

Email:

Date Finish:

Phone:

Please choose Y for Yes or N for No:

Accommodation required

Boarding

Travel required to Auckland

Have own transport in
Auckland

Please choose Y for Yes or N for No:

I am a NZ citizen

I have permanent residency
status

Name:

Signature: Date:

Please note: Pursuant to the Privacy Act 1993, the Ministry of Education advises that:

This form collects information about applicants for the sole purpose of the TeachNZ EC Teacher Relief Pool and associated research and that applicants do have the right of access to, and correction of, personal information supplied to, and held by, the Ministry of Education.

Send to: Jacky Robertson, TeachNZ, Private Bag 92644, Mt Eden, Auckland,
Email: jacky.robertson@minedu.govt.nz or Fax: 0064 9 632 9401