# SPECIAL CHARACTER POSITION FORM Schedule 6, Clause 47, Education and Training Act 2020

# (Previously – Education Act 1989, Section 464)

# APPLICATION FOR A POSITION RELATED TO SPECIAL CHARACTER IN A CATHOLIC SCHOOL

### POSITION BEING APPLIED FOR

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| --- |
| **Position:** Cl 47 Scale A |
| School: St Joseph’s Catholic School, Takapuna |
| Address: 2 Taharoto Rd, Takapuna, Auckland 0622 |
|  |

### PERSONAL

|  |
| --- |
| First Names: |
| Surname: |
| Address: |
| Religion: |
| Telephone Number Day: Evening: |
| e-mail: |

### C. PARISH

1.0 Are you a member of a Catholic parish community? Yes No

If yes, name and address of parish:

2.0 Are you involved in parish ministry? (eg. Youth Ministry, Ministry of Word, Eucharist, Hospitality, Service, Liturgy) Yes No

If yes, name of Ministry or Service

### D QUALIFICATIONS OR COURSES IN RELIGIOUS EDUCATION AND/OR THEOLOGY (See [Notes](https://www.nzceohandbook.org.nz/wp-content/uploads/2020/09/Employment-Fact-Sheet-9a-Notes-for-CI-47-Form.pdf))

|  |  |
| --- | --- |
| Qualification/Course Attended  (Include your Certification for Teachers in Catholic Schools if applicable) | Institution and Year |
|  |  |
|  |  |
|  |  |
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Duplicate and attach relevant CV material or certificates etc as appropriate.

3.0 If you are a beginning teacher, were you associated with a Catholic school as part of your practice teaching professional training? Yes No

If yes, name and address of school(s):

### PREVIOUS TEACHING EXPERIENCE RELATED TO THE SPECIAL CHARACTER OF A CATHOLIC SCHOOL

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| --- | --- | --- | --- | --- |
| Position | School | Year Level | From | To |
|  |  |  |  |  |
|  |  |  |  |  |
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### OTHER QUALIFICATIONS & EXPERIENCE RELEVANT TO THE SPECIAL CHARACTER OF A CATHOLIC SCHOOL (See Notes)

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**G. CATHOLIC CHARACTER REFEREES** Please provide three referees. At least one referee must be a priest, ethnic chaplain or lay pastoral leader who is familiar with your religious practice. (See [note](https://www.nzceohandbook.org.nz/wp-content/uploads/2020/09/Employment-Fact-Sheet-9a-Notes-for-CI-47-Form.pdf) on referees.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1** | Name |  | Phone: Day |  |
| Address |  | Night |  |
| Mobile |  |
| Email |  | | |
|  | | | | |
| **2** | Name |  | Phone: Day |  |
| Address |  | Night |  |
| Mobile |  |
| Email |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **3** | Name |  | Phone: Day |  |
| Address |  | Night |  |
| Mobile |  |
| Email |  | | |

I acknowledge and accept that the information I have supplied will be used by the Proprietor (Board of Trustees in secondary schools) in terms of Education and Training Act 2020, Schedule 6, CI 47 to assess my **acceptability** for the position as defined in the Act, and also by the Board of Trustees to determine my **suitability** for the position as defined in the Act. I have read the information in this document that explains acceptability.

Signed: Date: ………………………………….