

NZCPPA Furnware Travelling Scholarship Application Form

**Personal Details**

<i>Name</i>	
<i>Address</i>	
<i>Home phone number</i>	
<i>Work phone number</i>	
<i>Mobile number</i>	
<i>Email address</i>	

**Present Appointment**

<i>Current school</i>	
<i>Position</i>	
<i>Time in position</i>	

**Referees (x2)**

<i>Referee Name</i>	
<i>Address</i>	
<i>Contact Phone number</i>	
<i>Email Address</i>	
<i>Capacity in which you have known the person</i>	

<i>Referee Name</i>	
<i>Address</i>	
<i>Contact Phone number</i>	
<i>Email Address</i>	
<i>Capacity in which you have known the person</i>	

**Proposal**

## Registration Details and Questions

<b>Registration Number</b>	
<b>Expiry Date</b>	

Question/Statement	Yes	No
<p>Have you ever been convicted of any offence against the law (excluding minor traffic offences) or know of any reason why you should not be employed to work in the school environment?</p>		
<p><i>If yes, please provide the date and details of the conviction, together with any other comments you may wish to make. (Please note that failure to provide correct and true details of any conviction, or any other reasons, may make you liable for disqualification from eligibility for the Award/Scholarship, should you be the successful applicant.</i></p>		
To the best of my knowledge I am healthy in mind and body		
Are there any areas of your health that could make it difficult for you to take up and fulfill the requirements of this traveling scholarship?		
<p><b>CONSENT</b> I consent to the NZCPPA Travelling Scholarship Selection Committee seeking verbal or written information on a confidential basis about me from my referees and authorise the information sought, to be released by them to the Committee, for the purposes of ascertaining my suitability for the award for which I am applying. I understand that the information received by the committee is supplied in confidence as evaluative material and will not be disclosed.</p>		
Please indicate if you agree, to the Chairperson of your present school being contacted, if you make the short list.		

## Declaration

I \_\_\_\_\_ (full name)  
declare that to the best of my knowledge the information supplied in this application is correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted as a recipient of this award. I understand the rules relating to this award. I agree to meet the conditions set down and to repay all award money if, through negligence, I fail to meet those conditions. I agree that NZCPPA will not be liable for any additional expenses that I may incur as a result of my acceptance of the award.

Signature of applicant:

Date:

Please email to:

**Teresa Jarvis**

**principal@stthomaswinton.school.nz**