

### Personal Information

Legal surname \_\_\_\_\_

Legal first names \_\_\_\_\_

Preferred first name \_\_\_\_\_

Names previously known by \_\_\_\_\_

Gender \_\_\_\_\_ Date of birth \_\_\_\_\_

Ethnicity \_\_\_\_\_

Citizenship \_\_\_\_\_

Residency status (if you are not a NZ citizen) \* \_\_\_\_\_

Residential address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_

Contact number \_\_\_\_\_

Email \_\_\_\_\_

University of Waikato ID Number (If known) \_\_\_\_\_

### Course information 2017

Course 1 Starting 16 January 2017

Course 2 Starting 19 April 2017

Course 3 Starting 10 July 2017

Course 4 Starting 2 October 2017

Sector Secondary / Primary / Māori Medium

### Teaching qualifications

Teaching qualifications \_\_\_\_\_

Institution \_\_\_\_\_ Year gained \_\_\_\_\_

Other qualifications \_\_\_\_\_

IELTS Score if applicable \_\_\_\_\_

Secondary teachers, what are you specialist subjects? \_\_\_\_\_

\_\_\_\_\_

\* If you are not a NZ citizen, a copy of your visa is required.

## Teacher Certification

Do you hold, or have you held New Zealand Teacher Certification?  Yes  No

Is your certification current?  Yes  No

Please give your certification number # \_\_\_\_\_ Expiry Date \_\_\_\_\_

Are you:

Fully certified                      Years Held \_\_\_\_\_

Provisonally certified              Years Held \_\_\_\_\_

Subject To Confirmation              Expiry Date \_\_\_\_\_

Never certified

## Current Teaching Practice

During the past five years, have you taught at all in New Zealand?  
(Including full time, long term relief, or day-to-day relief work)  Yes  No

If yes, please give details

Dates	School	FT	LTR	DTD
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Convictions

Have you ever been convicted of a criminal offence?  
(Including a serious traffic offence).  Yes  No

Are there any charges pending against you?  Yes  No

## All Applicants: Please note original forms are required for Proof of Identity and Police Vetting Service and Consent Form

This section needs to be completed by a trusted referee. The Proof of Identity referee will certify the applicant's identity by completing this page and verify a copy of the photo ID. A verified copy is a copy sighted and signed by a JP, solicitor, barrister, court registrar, school principal or approved agency.

A trusted referee must be:

- Over 16 years of age
- Not be related, or a partner/spouse, or a co-resident of the applicant
- Be either a person of standing in the community (e.g. registered professional, religious or community leader) or registered with the Approved Agency, i.e. Te Kura Toi Tangata Faculty of Education, The University of Waikato.

The trusted referee must verify: The Proof of Identity Form and verify a copy of the photo ID. The original verified copy of the photo ID must be attached to the original Proof of Identity form.

### Identification details

Full name of applicant \_\_\_\_\_

Tick the two forms of identification presented to you in person. The applicant must be the presenter of the documents. One form of identification must be from Category A and one must be from category B - refer to the table below. At least one of the acceptable forms of identification must be photographic.

Category A	Category B
<input type="checkbox"/> New Zealand passport	<input type="checkbox"/> New Zealand drivers license
<input type="checkbox"/> New Zealand full birth certificate (issued on or after 1998)	<input type="checkbox"/> 18+ card (must be current)
<input type="checkbox"/> New Zealand certificate of identity issued under the Passports Act 1992 to Non-New Zealand citizens who cannot obtain a passport from their country of origin	<input type="checkbox"/> New Zealand utility bill (issued within the last 6 months). Please write date issued _____
<input type="checkbox"/> New Zealand firearms licence	<input type="checkbox"/> Electoral roll records
<input type="checkbox"/> Overseas passport	<input type="checkbox"/> Community services card
<input type="checkbox"/> New Zealand citizenship certificate	<input type="checkbox"/> Inland Revenue Number

### Referee details

Full name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

I declare that (please tick)

- I have sighted two forms of identification (One from Category A and one from Category B)
- I verify that the person in the photo is the person named as the applicant on this form
- I have verified the copy of photo identification
- Name change: I have sighted evidence of this name change, where names differ (e.g. marriage certificate, statutory declaration)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Full name: \_\_\_\_\_

Please confirm the intake you wish to participate in below:

Intake	Proposed practicum time	Must complete by
Intake 1: 16 January <input type="checkbox"/>	22 February - 17 March	30 June
Intake 2: 19 April <input type="checkbox"/>	15 May - 9 June	29 September
Intake 3: 10 July <input type="checkbox"/>	7 August - 1 September	22 December
Intake 4: 2 October <input type="checkbox"/>	30 October - 24 November	17 March

The programme:

- is fully online, with individual support available.
- consists of four modules which can be completed in flexible timeframes within a 6 month period, in consultation with the TER Programme Coordinator.
- includes a 20-day practicum which can be completed in a flexible timeframe in line with the scheduled practicum dates and subject to approval from the TER Programme Coordinator.
- will be assessed through an evidence based e-portfolio against Graduating Teacher Standards. Evidence can be generated from completing weekly online tasks and/or from classroom practice.

## Course Structure

There are 4 modules which need to be completed within a six month period. They are:

**Module 1: The professional Teacher - Belonging to a Profession - He Pouako Ngaioatanga - Nāku tēnei Ngaioatanga**

A review of the current educational landscape, professional expectations and legislative requirements.

**Module2: Today's and Tomorrow's Learning Communities - Hapori Ako o tēnei rā, mō āpōpō hoki**

A focus on the recommended practice when addressing diversity of learners needs within New Zealand classrooms.

**Module 3: Curriculum, Assessment and Planning - He Marautanga, he Aromatawai, he Whakakaupapa Akoranga**

An opportunity to demonstrate understanding of current pedagogical practices through the development of context specific resources.

**Module 4: Supervised practicum - Ritenga Akoako**

As a qualified teacher it is an expectation of the course that you secure your own practicum placement in the school of your choice. This module enables the participant to generate further evidence in support of the Graduating Teacher Standards and the completion of their e-portfolio.

**Note:** You may enrol in the programme as a complete suite of four modules or individual modules. All modules must be

Please indicate which of the following approaches you would like to take:

## Payment

Option 1:

- I wish to enrol and pay for the four modules.

Option 2:

- I wish to enrol and pay for modules individually.

## Programme Completion

Option 1:

- I intend to complete the programme in 12 weeks including the scheduled practicum.

Option 2:

- I intend to complete the programme in 24 weeks and choose 1 of the 2 scheduled practicum periods, subject to approval from the TER Programme Coordinator.

## Cost

The total cost of the course is \$4,000.

You may enrol in individual modules at a cost of \$1,000 each.

If you select to enrol in individual modules, all 4 modules must be paid for and completed within a 6 month period.

Once enrolled, you will receive an invoice. Payment must be made one week prior to the start of the intake in order to gain access to the programme.

## Please note:

This course does not qualify for funding from Studylink.

There is no refund if you choose to withdraw once a module has started.

### Personal Information

TER Participant's Full name \_\_\_\_\_

Teacher Certification Number \_\_\_\_\_ Date of Expiry \_\_\_\_\_

### Practicum School Details

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address \_\_\_\_\_ Fax \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_

Name of Principal \_\_\_\_\_ Email \_\_\_\_\_

Name of Coordinating Teacher \_\_\_\_\_ Email \_\_\_\_\_

Name of Associate Teacher \_\_\_\_\_ Email \_\_\_\_\_

Year Level \_\_\_\_\_ Subject Area \_\_\_\_\_

I agree that \_\_\_\_\_ school

will support \_\_\_\_\_ during their completion of the  
Teacher Education Refresh Programme with Te Kura Toi Tangata Faculty of Education.

Further comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Principal's signature \_\_\_\_\_

Date \_\_\_\_\_

### Inquiries

For further practicum information please refer to the Teacher Education Refresh Programme website  
[education.waikato.ac.nz/qualifications/choose-a-subject/teacher-education-the-faculty/teacher-education-refresh-programme/](http://education.waikato.ac.nz/qualifications/choose-a-subject/teacher-education-the-faculty/teacher-education-refresh-programme/)

Any queries, please contact the Practicum Coordinator, Kathleen West on 07 838 4466 ext. 9604 or email  
[kathleen.west@waikato.ac.nz](mailto:kathleen.west@waikato.ac.nz)

### Dates of Practicum 2017:

- |          |                          |
|----------|--------------------------|
| Course 1 | 20 February - 17 March   |
| Course 2 | 15 May - 9 June          |
| Course 3 | 7 August - 1 September   |
| Course 4 | 30 October - 24 November |

### Please Note

Participants in the Teacher Education Refresh Programme are qualified teachers. The participants are required, by the Education Council, to complete the Teacher Education Refresh Programme. Upon completion of the Teacher Education Refresh Programme, participants may renew their provisional registration.

## Section 1: Approved Agency to complete

(For more information please see the [Guide to Completing the Consent Form](#))

### Name of Approved Agency submitting vetting request:

UNIVERSITY OF WAIKATO - FEDU

### Name of Applicant to be vetted:

### Description of Applicant's role:

TEACHER

### Applicant's purpose

- Employee       Contractor/Consultant       Volunteer       Prosecution  
 Vocational Training       Licence/Registration       Visa/Work Permit       Other

### What group(s) will the applicant have contact with in their role for your agency?

- Children/Youth       Elderly       Other Vulnerable Adults       Other

### What is the applicant's primary role for your agency?

- Caregiving (Children)       Caregiving (Vulnerable adults)       Healthcare       Education  
 Other

### Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?

- Yes (VCA Core Worker)       Yes (VCA Non-Core Worker)  
 No (mandatory under other legislation/optional/standard Police Vet)

### If this is a mandatory Vulnerable Children Act request, please specify the check reason below:

- New Children's Worker       Existing Children's Worker  
 VCA Renewal

### Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)  
 A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)  
 One form of ID is photographic (Mandatory – see the [guide](#) for further details)  
 Evidence of name change has been sighted (if applicable)

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

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

In making this request, I confirm that:

- I have complied and will comply with the [Approved Agency Agreement](#)  
 I am satisfied with the correctness of the applicant's identity  
 I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: JILL SKERMAN

Date:

Signature:

Electronic  
Signature

**Name of Approved Agency submitting vetting request:**

UNIVERSITY OF WAIKATO - FEDU

**Section 2: Applicant to complete and return to Approved Agency**

*\*Denotes a mandatory field*

**Personal Information**

Details (note: the name you are most commonly known by is your primary name)

\*Family name (Primary):

Given name(s):

\*Gender:

(M) (F) (Other)

\*Date of birth:  
(dd/mm/yyyy)

\*Place of birth:

(Town/state/country)

NZ Driver Licence number:

**Previous names:** If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Permanent Residential Address**

\*Number/Street:

Suburb:

Post Code:

\*City/Town/  
Rural District:



## Section 3: Applicant to complete and return to Approved Agency

### Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
  - Conviction histories and infringement/demerit reports
  - Active charges and warrants to arrest
  - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
  - **Any** interaction I have had with New Zealand Police, including family violence incidents, and investigations that did not result in prosecution
  - Information subject to name suppression where that information is necessary to the purpose of the vet.
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
  - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
  - b. Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
  - The vetting request was submitted as part of a children's worker safety check under the Vulnerable Children Act 2014; and
  - The Police vet was completed within the past three years; and
  - The release of new information is considered justified under the Privacy Act 1993

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

### Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Electronic Signature

## Checklist

Please ensure you have done the following:

- Posted or delivered an original copy of:
  - The NZ Police Vetting Service Request & Consent Form
  - The Proof of Identity form completed by someone who can confirm your identity
  - The verified copy of photo ID
- Attached the completed Practicum School form
- Attached the completed Programme Planner Sheets
- Attached a copy of your CV
- Attached a copy of your teaching qualifications
- Attached a copy of your visa (if you are not a New Zealand citizen).

## Important Information

I understand that successful completion of the TER includes:

- Full payment of the cost of the course before it begins
- Full commitment to the programme both in attendance and engagement with the course content
- Attendance at each of the face to face weeks
- Satisfying the requirements of the four compulsory modules
- Successful completion of the four week practicum (and its administrative requirements)
- Meeting the requirements of the Graduating Teacher Standards, with evidence
- Demonstration of a high level of oral and written English language proficiency in all areas of the programme, as defined in Graduating Teacher Standard 4d

I understand the requirements to achieve successful completion of the TER programme. I acknowledge and accept the following terms:

The Teacher Education Refresh (TER) Programme course is being offered by The University of Waikato on behalf of the Education Council, who owns the TER Programme.

Principle 3 of the Privacy Act 1993 – “Collection of information from subject”

Personal information provided by persons applying to participate on a TER course is being collected for the purpose of determining their eligibility for participation in a course, to enable the Education Council to comply with its statutory functions and the requirements of the TER Programme, and for administering participation on that course.

The information is being collected by:

The University of Waikato, Centre for Teacher Education, Faculty of Education,  
Private Bag 3105, Hamilton 3240

All or any part of that information may be held and used by The University of Waikato,  
address details are as above, and the Education Council. The Education Council address is:

Education Council, Level 12, 80 Boulcott Street, Box 5326, Wellington

Principle 11(a) and (f) of the Privacy Act 1993 – “Limits on disclosure of personal information”

Neither The University of Waikato nor the Education Council shall disclose the personal information collected for the TER Programme to a person or body or agency unless either or both believe, on reasonable grounds:

- (a) that the disclosure of the information is one of the purposes in connection with which the information was obtained or is directly related to the purposes in connection with which the information was obtained; or
- (f) that the information—
  - (i) is used in a form in which the individual concerned is not identified; or
  - (ii) is used for statistical or research purposes and will not be published in a form that could reasonably be expected to identify the individual concerned.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Submission\*

Please email completed forms and relevant documentation to:

jill.skerman@waikato.ac.nz

or post to:

Freepost 78837  
Teacher Education Refresh Programme  
Faculty of Education, University of Waikato  
Private Bag 3105  
Hamilton, New Zealand, 3240

## Contact

TER Programme Administrator:

Jill Skerman

Email: jill.skerman@waikato.ac.nz

Phone: 07-838-4466 extn: 4553