

**CATHOLIC PRIMARY PRINCIPALS' ASSOCIATION**

**NZCPPA FURNWARE TRAVELLING SCHOLARSHIP**

**APPLICATION FORM**

**PERSONAL DETAILS**

|             |  |
|-------------|--|
| <b>Name</b> |  |
|-------------|--|

|                |  |
|----------------|--|
| <b>Address</b> |  |
|----------------|--|

**Contact phone numbers**

|                 |  |
|-----------------|--|
| <b>(home)</b>   |  |
| <b>(work)</b>   |  |
| <b>(cell)</b>   |  |
| <b>(e-mail)</b> |  |

**PRESENT APPOINTMENT**

|                         |  |
|-------------------------|--|
| <b>School</b>           |  |
| <b>Position</b>         |  |
| <b>Time in position</b> |  |

**REFEREE 1**

|  |  |
|--|--|
| <b>Name</b>  |  |
| <b>Address</b>                                     |  |
| <b>Ph no (home)</b>                                |  |
| <b>(work)</b>                                      |  |
| <b>(cell)</b>                                      |  |
| <b>E-mail</b>                                      |  |
| <b>Capacity in which you have known the person</b> |  |

**REFEREE 2**

|  |  |
|--|--|
| <b>Name</b>  |  |
| <b>Address</b>   |  |
| <b>Ph no<br/>(home)</b>  |  |
| <b>(work)</b>  |  |
| <b>(cell)</b>  |  |
| <b>E-mail</b>  |  |
| <b>Capacity<br/>in which<br/>you<br/>have<br/>known<br/>the<br/>person</b> |  |

**PROPOSAL**

|  |
|--|
|  |
|--|

I certify that I am registered as a New Zealand Teacher.

Registration number and expiry  
date: \_\_\_\_\_

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?

Yes / No

If so, 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.

#### HEALTH

To the best of my knowledge I am healthy in mind and body:

Yes / No

Are there any areas of your health that could make it difficult for you to take up and fulfil the requirements of this Study Award/Travelling Scholarship?

Yes / No

I consent to the NZCPPA Study Awards & 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.

Yes / No

Please indicate if you agree, to the Chairperson of your present School being contacted, if you make the short list.

Yes / No

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.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please mail to**

Paul Manson  
St Joseph's School  
2 Taharoto Road  
Takapuna  
North Shore City