Auckland University of Technology Private Bag 92006, Auckland 1142, NZ T: +64 9 921 9999 www.aut.ac.nz

School of Education



VCA Form B

Student Education, Work History, Professional Registrations and Memberships and Referee Summary Form

Name of Student:

AUT Student ID Number:

PART ONE: Work History

Provide a full chronological summary of your paid and volunteer work history for at least 5 years preceding the date of this form (attach more pages if required):

Company/organization and employment period:	Description of employment position and responsibilities:	Name and contact of supervisor:

PART TWO: Professional Registrations and Memberships

List all the following (if any): All professional organisations which you are currently a member of; all licensing authorities for which you have a current licence for carrying out any activity; all registration authorities that have issued a current registration or practicing certificate to you (attach more pages if required):

Organisation/ Authority:	Identification or registration codes:	Contact number and email address of Registrar:

PART THREE: Educational Background (Secondary and Tertiary)

Institution	Qualification	Date Received

PART FOUR: Other Relevant Experience

Where	What was your role?	Other comments

PART FIVE: Referees

You must provide the details of at least two referees (three are required for the Master of Teaching and Learning) who can attest to your suitability to act as a children's worker, and who is not related to you and is not part of your extended family: Referees should have known you for 12 months or more, be at least 16 years old and not be your spouse, extended family member or friend, nor live at the same address. Please obtain consent from the referee before listing them in this form.

Referee's full name and title (Mr, Mrs, Miss, Ms, Dr, etc.):	Describe the nature of your relationship with the referee and the length of your relationship:	*Contact number <u>and</u> email address of the referee:

(full name of student), confirm the details provided are true and correct, ١, and I consent to AUT contacting any individuals or organisations I have listed to request personal information about me:

Signature of student _____ Date: ____ /20____

Note:

* A referee's report form will be sent to your referees by email. Please provide a postal address in case they do not have an email.