

Local Chinese Teacher Assistant Application Form Details

Please fill out your application form on the following pages and submit by Friday 2 October, 5pm to Lisa Shi at Confucius Institute either by email or post:

- Email Lisa Shi, l.shi@auckland.ac.nz.
- Post Lisa Shi, Confucius Institute in Auckland, The University of Auckland, Private Bag 92019, Auckland 1142

Please tick off the checklist below to ensure all information is complete and has been attached before sending.

Checklist:

Information required	Check when complete
Completed Application Form	
Future plans (on a separate sheet)	
Names of two referees with contact details	
Curriculum Vitae	

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Regards

Confucius Institute in Auckland



Local Chinese Teacher Assistant Application Form

Personal details:						
First Name:					Surname:	
Gender:	Male		Female		Citizenship:	
Place of birth:				•	Date of birth:	
Home phone:					Mobile number:	
Email:						
Home address:						
Teaching qualifications (if applicable):						
Chinese artistic skills:						
Education background:						
Related training experience:						
Work experience:						



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Volunteering	
experience:	
Future plans:	
Explain why you a would make a go	are applying for this position outlining the reasons why you od candidate?
Please attach a se	eparate page to answer this question. Your comments should
	your current and past teaching/job experiences, and experiences in
	e New Zealand education system. Add any other information that you
consider relevant th	nat will help the selection committee assess your application.
Other details:	
-	Chinese before? Provide brief details and background of your
teaching experier	ice.
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Describe your expe	erience (if any) of teaching in New Zealand and the New system.	
Defenses		_
Referees:		
work and mobile phor	ofessional title, address and contact phone numbers (include hone numbers) of two referees (non-relatives) who have knowledened and can describe their relationship to you. These referees shand.	ge of
Name		
Professional Title		
Address		-
Phone number(s) Home, Work and Mobile		

Email:



Name				
Professional Title				
Address				
Phone number(s)		Ī		
Home, Work and		i		
Mobile		Ì		
Email:				
Declaration I declare that the information I have provided in this application and in any attached documentation is true and correct.				
Signature of appl	icant:			
Date:				