



CATHOLIC DIOCESE OF AUCKLAND

Catholic Schools Office

Kia mau ki te ako ko tou oranga hoki ia

Proverbs 4:13

NOTIFICATION OF APPOINTMENT

School: _____

Position: _____

Tagged: **Basic:**

Permanent: **Fixed Term:**

Person Appointed: _____ **Catholic**

Non-Catholic

Form of Address: **Mrs** **Mr** **Miss** **Ms**

Teaching Service: **BT** **Y2** **Fully Registered**

Teacher Registration No. _____

Commencing Date: _____

Class Level/ Role _____

Previous Position/School: _____

Teacher being Replaced: _____

Retired/On Leave/ New school _____

Please return this form to the Catholic Schools' Office as soon as the appointment has been confirmed.

Private Bag 47 904, Ponsonby, Auckland 1144

Phone: (09) 360 3091 – Michelle Jarvis, 360 3082 – Colleen Gleeson or
(09) 360 3083 – Ann Kelly

Email: michellej@cda.org.nz

Date: _____