

# EQUAL EMPLOYMENT OPPORTUNITIES POLICY

**NAG 3  
NO. 307**

## **Purpose**

As a good employer, the Board will ensure all employees and applicants for employment are treated fairly and equitably according to their skills, qualifications, abilities, and aptitudes.

## **Guidelines**

To achieve this, the Board:

1. shows commitment to equitable opportunities in all aspects of employment including recruitment, training, promotion, conditions of service, and career development
2. recognises the value of diversity in staffing (for example, ethnicity, age, gender, disability, tenure, hours of work, etc.) and the employment requirements of diverse individuals/groups
3. in making appointments, selects the person most suited to the position in terms of skills, experience, qualifications, and aptitude
4. ensures that employment and personnel practices are fair and free of any bias
5. appoints a member to be the EEO officer, which role is most likely taken by the principal
6. ensures that annual reporting includes a summary of the year's compliance
7. ensures the school's Equal Employment Opportunities policy is upheld and maintained to comply with the Human Rights Act 1993 and the Public Service Act 2020

All employees will complete the Equal Opportunity data form (Appendix 1) on appointment, and update it as required annually.



## Appendix 1: EQUAL EMPLOYMENT OPPORTUNITIES DATA

1. This data will be used to establish a profile of the range of people currently working in the school and the range of applicants applying for positions.
2. The data will provide a basis for the planning and development of the school's **EEO Programme**.

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

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Ethnic Origin:** (Put a tick in one or more boxes from those below)

- |  |  |
|--|--|
| <input type="checkbox"/> New Zealand European (Pākehā) | <input type="checkbox"/> Māori             |
| <input type="checkbox"/> Samoan                        | <input type="checkbox"/> Cook Island Māori |
| <input type="checkbox"/> Tongan                        | <input type="checkbox"/> Chinese           |
| <input type="checkbox"/> Indian                        |  |
| <input type="checkbox"/> Other (Please state) _____    |  |

### DISABILITY / DISABILITIES:

A) Do you live with the effects of injury, long term illness or disability/disabilities?

- YES                       NO

B) Tick all that apply. Does your disability / injury / illness affect your:

- |  |                                 |  |
|--|---------------------------------|--|
| <input type="checkbox"/> Movement                  | <input type="checkbox"/> Vision | <input type="checkbox"/> Hearing       |
| <input type="checkbox"/> Respiration / Breathing   | <input type="checkbox"/> Speech | <input type="checkbox"/> Concentration |
| <input type="checkbox"/> Emotional & Mental Health |                                 |  |
| <input type="checkbox"/> Other (Please specify)    |                                 |  |

C) Do you need any technical aids or equipment, or adaptations made to your workplace to make your work easier or to increase your work performance?

YES  NO

If **YES** please provide further information:

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**Signed:**

**Teacher:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Principal:** \_\_\_\_\_

**Date:** \_\_\_\_\_