

## Early Childhood Care and Education Authority

Photo	Serial:
Piloto	Application form
	Registration of Assistant Teacher
Donie	otrotion region. Longram, 2022. Becomber 2024
Regis	stration period: January 2023 - December 2024
1. Name of School:	:
2. Address (School):	
3. Phone/Fax number :	
4. Name of Assistant Teach	ner:
5. Title	:
6. Date Joined	:
7. Phone number –Home	:
8. Email address	:
9. Date of birth	:Age
10. Gender	:
11. Nationality	:
12. Work permit if (applicable)	:
13. National ID No.	:
14. Address –Home	:

## 15. Academic qualifications

0 1'6' 1' 1001011 1 0011	OLT 1)	Overliferation (CC IOLI avel on CCE IOLI avel)			
Qualification (SC 'O' Level or GCE '	O' Level)	Qualification (SC 'O' Level or GCE 'O' Level)			
Specify:		Specify: Year:			
Year:					
Subject	Grade	Subject	Grade		
Qualification (HSC 'A' Level or GCE	'A' Level)	Qualification (HSC 'A' Level or GCE 'A' Level)			
Specify:		Specify:			
Year:		Year:			
Subject	Grade	Subject	Grade		

Institution	Certificate	awarded ( M	QA Approved)	Dates/Ye	
Any other qualification	ons				
Institution	(	Certificate awarded			
_					
Record of service in	pre-school s	sector			
	pre-school s	Sector TO (year)		Position held	
				Position held	
				Position held	
Record of service in  Name of pre-school Institution				Position held	
				Position held	
				Position held	
Name of pre-school Institution	FROM (year)			Position held	
	FROM (year)			Position held	
Name of pre-school Institution  Present employment	FROM (year)			Position held	
Name of pre-school Institution  Present employment	FROM (year)			Position held	
Present employment elf employed mployed by an individual mployed by an organization	FROM (year)			Position held	
Name of pre-school Institution  Present employment elf employed mployed by an individual	FROM (year)			Position held	

			the undersigned hereby certify that Mrs./Mris employed as Assistant Teacher as per information provide					
Date	e:		Signature of Manager:					
Sta	atement of Assistant Tea	cher						
	, complete and correct to the best of my		certify that the information give	n on this form is				
Sign	ature of Assistant Teacher:		Date:					
FOR	OFFICIAL USE							
$\frac{\text{The f}}{1.}$	ollowing documents have been produ  Birth Certificate	ced for Assis	tant Teacher:  Professional Certificate					
2.	Medical Certificate	7.	Educational Certificate					
2.	Date: From	/.	Educational Certificate					
	. To							
3.	X Ray Report	8.	Certificate of character					
	Date: From		Date: From					
	. To		. To					
4.	Identity Card	9.	Civil Marriage Certificate if applicable					
5.	Work permit (if applicable)	10.	First Aid Certificate					
reco	sons for not recommended ( if apple	egistration o	nator certify having verified the above inform f the applicant Date:					
Rer	narks from Coordinator							
Ren	narks							
• • • • •								
	nature of Unit Coordinator							