



Early Childhood Care and Education Authority

Serial:

Photo

Application form Registration of Teacher

Registration period: January 2023-December 2024

1. Name of School : _____
2. Name of registered Teacher: _____
3. Is there a change in Teacher: Yes No
4. If (yes), Name of new Teacher : _____
5. Date new Teacher joined: _____

-----**This part onwards information to be filled for registered Teacher or new Teacher**-----

6. Title : _____
7. Address (School) : _____
8. Phone/Fax number : _____
9. Phone number –Home : _____
10. Email address : _____
11. Date of birth : _____ Age _____
12. Gender : _____
13. Nationality : _____
14. Work permit if (applicable) : _____
15. National ID No. : _____
16. Address –Home : _____
: _____
: _____

18. Professional Qualifications

Institution	Certificate awarded (MQA Approved)	Dates/Year

19. Any other qualifications

Institution	Certificate awarded	Dates/Year

20. Record of service in pre-school sector

Name of pre-school Institution	FROM (<i>year</i>)	TO (<i>year</i>)	Position held

21. Present employment

Self employed	
Employed by an individual	
Employed by an organization	
Name of employer: (if applicable)	
Monthly salary:	
Contribution to NPS :	

22. Statement from Manager (Manager)

I, Mr./Mrs..... the undersigned hereby certify that Mr./Mrs is employed as Teacher as per information provided above.

Date:.....

Signature of Manager:

Statement of Teacher

I certify that the information given on this form is true, complete and correct to the best of my knowledge

Signature of Teacher: Date:

FOR OFFICIAL USE

The following documents have been produced for Educator:

1.	Birth Certificate		6.	Professional Certificate	
2.	Medical Certificate Date: From..... . To.....		7.	Educational Certificate	
3.	X Ray Report Date: From..... . To.....		8.	Certificate of character Date: From..... . To.....	
4.	Identity Card		9.	Civil Marriage Certificate if applicable	
5.	Work permit (<i>if applicable</i>)		10.	First Aid Certificate	

I, Mrs.Assistant Coordinator certify having verified the above information and recommend /do not recommend the registration of the applicant

Reasons for not recommended (if applicable)

Signature of Assistant Coordinator:..... Date:

Remarks from Coordinator

Remarks

.....
.....
.....

Signature of Unit Coordinator..... Date: