

EDR 1

**MINISTRY OF EDUCATION
APPLICATION FOR A LICENCE TO TEACH
ED. RULE 59, S.I. 87 of 2012**

Application form must be completed in **DUPLICATE** and submitted to the Secretariat of the Teaching Service Commission, Ministry of Education through the District Education Centre. Certified copies of required documents and testimonials must be submitted along with this form.

<p><u>Procedures:</u></p> <ol style="list-style-type: none"> Applicant completes form and obtains two character references. Submits completed form and certified copies of relevant documents to the District Education Centre <ol style="list-style-type: none"> Qualifications (includes original transcripts) Social Security Card Birth Certificate/ Passport Medical Certificate (attach drug test) Police Record Character References Work Permit (where applicable) Marriage/Divorce Certificate (where applicable) Passport size photographs (signed by JP) DEC verifies particulars and forwards application to Secretariat Teaching Service Commission Secretariat. TSCS makes recommendation and advises Chief Education Officer Chief Education Officer grants/refuses license and logs accordingly. Applicant is informed by Commission thru the DEC. Commission enters information on teacher in the database of licensed teachers. 	A. APPLICANT'S BIOGRAPHICAL DATA				
	1. NAME				
		Last Name	First Name	Middle Name	
	2. MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
	3. MAIDEN NAME (if applicable)				
	4. Date of Birth				
		D	M	Y	
	5. GENDER	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
	6. Belize Social Security No.				
	B. HOME ADDRESS				
	7. No. & Street				
	8. Name of Village, Town or City				
	9. Name of District				
	10. Home Phone No.				
	11. Fax No.				
	12. Email Address				
	C. MAILING ADDRESS (if different from above)				
	13. No. & Street				
	14. Name of Village, Town or City				
	15. Name of District				
16. P.O. Box No.					
17. Home Phone No.			18. Fax No.		
19. Email Address					

23. Professional Preparation			
Name of Institution	Area of Specialisation	Degree or Certification Obtained (specify)	Year Obtained
24. Provide scores in Basic Competency Tests in English and/or Mathematics (where applicable)		English	
		Mathematics	
Verification & Authentication		Primary Grades 1-3 = Infant 1 – Standard 1 Primary Grades 4 –8 = Standards 2- 6	
Certified Document received	Authentication complete		
25. If you already hold a Licence Please provide the Licence No.			
Date of Issue:		Type of Licence:	
Reason for reapplication:			
26. Teaching Experience			
Level(s) Taught		Years of Experience	
<input type="checkbox"/>	<input type="checkbox"/>	Early Childhood (pre-school) <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary Grades 1-3 <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary Grades 4 –8 <input type="checkbox"/>	
		Secondary Forms 1-2 <input type="checkbox"/>	
		Secondary Forms 3-4 <input type="checkbox"/>	
		TVET <input type="checkbox"/>	
27. Level and Type of Licence applied for			
Level		Type of Licence	Subject Area (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	Early Childhood (pre-school) <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary Grades 1-3 <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary Grades 4 –8 <input type="checkbox"/>	
		Secondary Forms 1-2 <input type="checkbox"/>	
		Secondary Forms 3-4 <input type="checkbox"/>	
		TVET <input type="checkbox"/>	
Signature		D	M Y

	FOR OFFICE USE			
DISTRICT EDUCATION CENTRE	1. Application Received:			
		D	M	Y
	Signature			
	2. Verification & Authentication			
		D	M	Y
	Signature			
Teaching Service Commission	3. Application forwarded to Teaching Service Commission			
		D	M	Y
	Signature			
	4. Recommendation of TSC:			
	<input type="checkbox"/> Recommended		<input type="checkbox"/> Not Recommended	
	Reason(s) for not recommending licence:			
Signature		D	M	Y
Chief Education Officer	5. Application with TSC's Recommendation received:			
		D	M	Y
	<input type="checkbox"/> Licence Awarded (specify in table below)			
	Level	Type of Licence	Subject Area (if applicable)	Classification
	Early Childhood (pre-school) <input type="checkbox"/>			
	Primary Grades 1-3 <input type="checkbox"/>			
	Primary Grades 4-8 <input type="checkbox"/>			
	Secondary Forms 1-2 <input type="checkbox"/>			
	Secondary Forms 3-4 <input type="checkbox"/>			
	TVET <input type="checkbox"/>			
	License Number			
	<input type="checkbox"/> Licence Not Awarded			
State reason:				
Applicant Informed:				
	D	M	Y	
Signature		D	M	Y