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

Application form must be completed in <u>DUPLICATE</u> 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.

		A. APPLICANT'S BIOGRAPHICAL DATA											
<u>Procedures:</u>		1.	NAME										
1.	Applicant completes form and	1	10 101										
	obtains two character				Last Name			First Name				Middle Name	
_	references.							Thist Nume					
2.	2. Submits completed form and												
	certified copies of relevant documents to the District		MARITAL STATUS		Cinalo			П ма	- rri o d	1		Divorced	
	Education Centre		MANTALSTATOS	Single	ingie			□ Married			Divorced		
	a. Qualifications												
	(includes original												
	transcripts)				Widowed		☐ Separated			ad			
	b. Social Security Card			□ Widowed			☐ Separated						
	c. Birth Certificate/												
	Passport	3.	3. MAIDEN NAME (if applicable)										
	d. Medical Certificate		· ·· ·										
	(attach drug test) e. Police Record												
	f. Character References	4.	Date of Birth										
	g. Work Permit (where												
	applicable)				D	Μ	1	Υ					
	h. Marriage/Divorce												
	Certificate (where												
	applicable)	5.	GENDER			☐ Male					☐ Female		
	i. Passport size												
	photographs (signed by JP)												
3.	DEC verifies particulars and	6.	6. Belize Social Security No.										
	forwards application to												
	Secretariat Teaching Service		B. HOME ADDRESS										
	Commission Secretariat.	7.	No. O Charact	1									
4.	and advises Chief Education		No. & Street										
			8. Name of Village, Town or City										
5.	Officer Chief Education Officer		Name of District										
J.	grants/refuses license and		Nume of Bistrict										
	logs accordingly.	10.	Home Phone No										
6.	Applicant is informed by	11.	Fax No.										
	Commission thru the DEC.	11.	Tax No.										
7.	Commission enters	12.	Email Address										
	information on teacher in the												
	database of licensed teachers.	abase of licensed teachers. C. MAILING ADDRESS (if different from above)											
		13. No. & Street											
				T	C:+-								
		14.		TOWIT	or City								
		15.	Name of District										
		16.	P.O. Box No.										
		<u></u>	5'						4.5	- ··	1		
		17.	Home Phone No						18.	Fax No.			
		19.	Email Address			_							

D. EDUCATIONAL INFORMATION										
20. Academ	20. Academic Preparation—Secondary Education									
	School or Equivalent	Programme Studied		High School	ol Diploma or Equivalen	Year Obtained				
21. Academ	ic Preparation—Tertiary E	 Education								
Name of Institution		Specialization or Area of Study		Degree o	other Certification Obtai	ned (specify)	Year Obtained			
Verification 8	& Authentication	22 Assidentia Du								
Certified	Authentication	22. Academic Pro	Examining I		Stage/ Level or	Grade Receiv	ived Year Obtained			
Document	complete	Subject	(e. g. RSA,	GCE, CXC)	Proficiency	Grade Receiv		rear obtained		
received										
_	_									
Ц										

23. Professional Preparation									
Name o	f Institution	Area of Specialisation	Degree or Certification	Obtained (specify)	Year Obtained			
24. Provide sco	ores in Basic Competenc	y Tests in English and/or Mathemat	English						
				Mathema	ntics				
				Iviatileilia	atics				
Verification	& Authentication	Primary Grades 1-3 = Infant 1 –	Standard 1						
		Primary Grades 4 –8 = Standards	s 2- 6						
Certified	Authortication								
Document	Authentication complete								
received									
		25. If you already hold a Licence	ce Please provide the Lice	ence No.					
		Data of Issues	Type of Licenses						
	Date of Issue: Type of Licence:								
		Reason for reapplication:							
		26. Teaching Experience							
		Level(s) Taught		Years of Experience					
		Early Childhood (pre-school)							
Ц	_	Primary Grades 1-3							
		Primary Grades 4 –8							
		Secondary Forms 3-4 TVET							
		27. Level and Type of Licence a	pplied for						
		Level	Type of L	icence		Subject Ar	ea (if applicable)		
		Early Childhood (pre-school)							
		Primary Grades 1-3 Primary Grades 4 –8							
		Secondary Forms 1-2 Secondary Forms 3-4							
		TVET							
				Ī					
		~.		D		4.			
		Signature				M	Y		

	FOR OFFICE USE									
DISTRICT EDUCATION CENTRE	Application Received:									
		D	M	I Y Signature						
	Verification & Authentication									
		D	M	Y		Signature				
	Application forwarded to Teaching Service Commission			N.						
		D	M	Y		Signature				
Teaching Service Commission	4. Recommendation of TSC:									
	☐ Recommended	Recommended								
	Reason(s) for not recommending licence:									
Signature										
							M	Y		
Chief Education Officer	Application with TSC's Recommend			Ι						
emej zaucution ojjicer	3. Application with 180 3 recommend	idition is			D	M	Y			
	☐ Licence Awarded (specify in table be	elow)								
	Level	Type of Licence Subject (if app					Cla	Classification		
	Early Childhood (pre-school) Primary Grades 1-3					Í				
	Primary Grades 4 –8									
	Secondary Forms 1-2 Secondary Forms 3-4 TVET									
	License Number									
	Licence Not Awarded									
	State reason:					I		T		
	Applicant Informed:					D	M	Y		
						D	M	Y		
	Signatur	·e				D	M	Y		
	Signature									