

EDR 1A

MINISTRY OF EDUCATION
APPLICATION FOR A SPECIAL 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><i>Procedures:</i></p> <p>1. Applicant completes form and obtains the following: (i) one character reference, (ii) one verification of industry experience, (iii) a letter of justification attesting to the need for your specialized skill/knowledge from a prospective employer. See forms for (i) and (ii) attached.</p> <p>2. Submits completed forms and certified copies of relevant documents through District Education Centre (DEC)</p> <p>3. DEC verifies particulars and forwards application to Secretariat Teaching Service Commission (TSCS)</p> <p>4. TSCS makes recommendation and advises Chief Education Officer</p> <p>5. Chief Education Officer grants/refuses license and logs accordingly.</p> <p>6. Applicant informed by TSCS thru the DEC.</p> <p>7. TSCS enters information on teacher in the database of licensed teachers.</p>	A. APPLICANT'S BIOGRAPHICAL DATA			
	1. NAME			
		<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
	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. e-mail			
	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. e-mail				

23. Professional Certification			
Name of Institution	Area of Specialisation	Certification Obtained (specify)	Year Obtained

24. Industry Experience			
Name of Institution	Area of Specialisation	Certification Obtained (specify)	Year Obtained

Verification & Authentication			
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 re-application:			
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 <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Secondary <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	TVET <input type="checkbox"/>	
27. Level and Area of Specialization applied for			
Level		Area of Specialization	
<input type="checkbox"/>	<input type="checkbox"/>	Early Childhood (pre-school) <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Secondary <input type="checkbox"/>	
<input type="checkbox"/>	<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				
DISTRICT EDUCATION CENTRE	3. Application forwarded to Secretariat Teaching Service Commission				
		D	M	Y	
	Signature				
Teaching Service Commission Secretariat	4. Recommendation of TSCS:				
	<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	Area of Specialization			
	Early Childhood (pre-school) <input type="checkbox"/>				
	Primary Grades <input type="checkbox"/>				
	Secondary <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	