



Early Childhood Care and Education Authority

Serial:

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Photo

Application form Registration of Attendant

Registration period: January 2025 - December 2026

1. Name of School : _____
2. Name of registered Attendant: _____
3. Date new Attendant joined: _____
6. Title (Mr/Mrs/Mrs) : _____
7. Address (School) : _____
8. Phone number : _____
9. Phone number –Home : _____
10. Email address : _____
11. Date of birth : _____ Age _____
12. Nationality : _____
13. Work permit if (applicable) : _____
14. National ID No. : _____
15. Address –Home : _____
: _____
: _____

16. Academic qualifications

Qualification (Certificate of Primary Education)	
Year:	Rank:
Subject	Grade

17. Record of service in pre-primary sector

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

18. Present employment

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

Applicable for Pre-primary School in the GIA Scheme Only

Bank Account Number:

Branch:

19. Statement from Manager (Manager)

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

Date: Signature of Manager:

Statement of Attendant

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

Signature of Attendant: Date:

FOR OFFICIAL USE

The following documents have been produced for Attendant:

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 (if applicable)		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

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Signature of Unit Coordinator..... Date: