



# Early Childhood Care and Education Authority

**Serial:**

Photo

## Application form Registration of Teacher

**Year: January 2025 –December 2026**

1. Name of School: \_\_\_\_\_
2. Name of Teacher \_\_\_\_\_
3. Title \_\_\_\_\_
4. Address (School) \_\_\_\_\_
5. Phone number \_\_\_\_\_
6. Email address \_\_\_\_\_
7. Date of birth \_\_\_\_\_ Age: \_\_\_\_\_
8. Gender \_\_\_\_\_
9. Nationality \_\_\_\_\_
10. Work permit if (applicable) \_\_\_\_\_
11. National ID No. \_\_\_\_\_
12. Address –Home \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 13. Academic qualifications

[illegible][illegible]

**14. Professional Qualifications**

| Institution | Certificate awarded | Dates/Year |
|-------------|---------------------|------------|
|             |                     |            |
|             |                     |            |
|             |                     |            |
|             |                     |            |
|             |                     |            |

**15. Any other qualifications**

| Institution | Certificate awarded | Dates/Year |
|-------------|---------------------|------------|
|             |                     |            |
|             |                     |            |
|             |                     |            |
|             |                     |            |

**16. Record of service in pre-school sector**

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

**17. 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**

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

Date: .....

Signature of Manager: .....

**Statement of Teacher**

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

Signature of Educator: ..... Date: .....

**FOR OFFICIAL USE**

The following documents have been produced for Teacher:

|    |                                                     |  |     |                                                          |  |
|----|-----------------------------------------------------|--|-----|----------------------------------------------------------|--|
| 1. | Birth Certificate                                   |  | 6.  | Professional Certificate                                 |  |
| 2. | Medical Certificate<br>Date: From .....<br>To ..... |  | 7.  | Educational Certificate                                  |  |
| 3. | X Ray Report<br>Date: From .....<br>To .....        |  | 8.  | Certificate of Character<br>Date: From .....<br>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**

Approved /Not approved

**Remarks**

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

Signature of Unit Coordinator: ..... Date: .....