



Ministry of Education & Youth
TEACHERS' SERVICE COMMISSION
Teachers' Registration Application

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PERSONAL INFORMATION

Family Name: _____ **Maiden Name:** _____
First Name: _____ **Middle Name:** _____
NIS No.: _____ **Taxpayer Registration No.:** _____ - _____ - _____
Sex: Male Female **Date of Birth:** __/__/____ (dd/mm/yyyy)
Telephone. No: _____ **Cellular. No:** _____
School: _____ **Parish:** _____

PROFESSIONAL INFORMATION

<u>Qualification</u>	<u>Date of Commencement</u>	<u>Date of Award</u>	<u>Institution</u>
Trained Teacher Certificate:	__/__/____	__/__/____	_____
Trained Teacher Diploma:	__/__/____	__/__/____	_____
B. Ed:	__/__/____	__/__/____	_____
M. Ed:	__/__/____	__/__/____	_____
<u>Other Qualification</u>			
Bachelor's Degree:	__/__/____	__/__/____	_____
Master's Degree:	__/__/____	__/__/____	_____
Doctorate:	__/__/____	__/__/____	_____
Other:	__/__/____	__/__/____	_____
Major Area of Study:	_____		

DOCUMENTS REQUIRED

All applicants are required to submit two character references plus certified copies of the following documents:-

- Birth Certificate
- Evidence of Qualification
- Medical Certificate of Fitness
- National Insurance Scheme Card (N.I.S.)
- Taxpayer Registration Number (T.R.N.)

DECLARATION:

I hereby apply for registration as a Teacher in accordance with Section 33 of the Education (Amendment) Act 1980, and certify that the information given is correct.
I have not within the last six months, been refused registration as a Teacher.

Teacher's Signature: _____ Date : _____

FOR OFFICIAL USE ONLY

REGIONAL OFFICE	TEACHERS' SERVICE COMMISSION
<p>Documents Submitted and Verified:</p> <p><input type="checkbox"/> Birth Certificate</p> <p><input type="checkbox"/> N.I.S.</p> <p><input type="checkbox"/> T.R.N.</p> <p><input type="checkbox"/> (2) Character References.</p> <p><input type="checkbox"/> Medical Certificate.</p>	<p>Date of TSC Meeting: __/__/____ (dd/mm/yyyy)</p> <p>Registration Date: <i>Effective:</i> __/__/____ (dd/mm/yyyy)</p> <p><i>Ending:</i> __/__/____ (dd/mm/yyyy)</p> <p>Date of Last Training: __/__/____ (dd/mm/yyyy)</p>
<p>Proof of Qualification:</p> <p><input type="checkbox"/> Certificate _____</p> <p><input type="checkbox"/> Diploma _____</p> <p><input type="checkbox"/> Degree _____</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p>	<p>Classification:</p> <p><u><i>Trained Teacher</i></u></p> <p><input type="checkbox"/> Trained University Graduate</p> <p><input type="checkbox"/> Trained College Graduate</p> <p><input type="checkbox"/> Trained Instructor</p> <p><u><i>Pre-Trained Teacher</i></u></p> <p><input type="checkbox"/> Untrained University Graduate</p> <p><input type="checkbox"/> Untrained Tertiary level Graduate</p> <p><input type="checkbox"/> Untrained Secondary level Graduate</p> <p><input type="checkbox"/> Specialist Teacher</p> <p><u><i>Authorized Teacher</i></u></p> <p><input type="checkbox"/> Pre-trained teacher</p>
<p>Date of First Appointment: __/__/____ (dd/mm/yyyy)</p>	<p>Status: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected</p> <p><input type="checkbox"/> Further Review <input type="checkbox"/> Pending</p>
<p>File No.:</p> <p>_____</p>	<p>Reason for Rejection (if applicable)</p> <p>_____</p>
<p>I have verified that the above documents were seen and checked.</p> <p>_____</p> <p>Regional Officer's Name</p> <p>_____</p> <p>Position</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>	<p>Teacher Registration Number:</p> <p>_____</p> <p>_____</p> <p>T.S.C. Officer's Name</p> <p>_____</p> <p>Signature</p> <p>_____</p> <p>Date</p>