MINISTRY OF EDUCATION APPLICATION FOR A LICENSE TO TEACH ED. RULE 59, S.I. 2011

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.

areng with this form		A ADDITICANTES DIOCDADITICAL DATA												
			A. APPLICANT'S BIOGRAPHICAL DATA											
Proc	edures:	1.	NAME											
1.	Applicant completes form													
	and obtains two character				L	ast Name	st Name			rst N	lame		Middle Name	
	references.									I				
2.	Submits completed form	2	MARITAL			C' · · · I ·			Пм				D'	
	with references and	۷.	STATUS			Single		☐ Marri			ea	ш	Divorced	
	certified copies of relevant		317103											
	documents District													
_	Education Centre				Ш	Widowed	Nidowed		☐ Separated					
3.	DEC verifies particulars and													
	forwards application to Secretariat Teaching	3.	MAIDEN N	AME (if appl	icable)								
	Service Commission.	<u> </u>												
4.	TSC makes	4.	Date of B	irth										
	recommendation and													
	advises Chief Education					D	N	1	Υ					
	Officer					I			1					
5.	Chief education Officer	5.	GENDER		<u> </u>		☐ Male						Female	
	grants/refuses license and	<u> </u>	02.102.1		<u> </u>		Iviale					_	Terriale	
	logs accordingly.	_	6. Belize Social Security No.											
6.	Applicant informed by Commission.	6.	Belize So	cial Se	curity	No.								
7.	Commission enters		B. HOME ADDRESS											
<i>,</i> .	information on teacher in	7.	No. & Str	oot										
	the database of Licensed					0	011							
	teachers.	8.	Name of		•	n or City								
		9.	Name of	Distric	ct									
		10.	Home Ph	one N	0.									
		11.	Fax No.											
		12.	e-mail											
					C. N	MAILING	ADI	DRES	S (if diff	feren	it from above	?)		
		13.	No. & Str											
		14.	Name of	Village	e, Tow	n or City								
		15.	Name of	Name of District										
		16.	L6. P.O. Box No.											
		17.	Home Ph	one N	0.					18.	Fax No.			
		19. e-mail							ı					

D. EDUCATIONAL INFORMATION 20. Academic Preparation—Secondary Education													
	c Preparation—Seconda School or Equivalent	Programme S	Studied	High Schoo	ol Diploma or Equivalen	Year Obtained							
rume or mgn	Suited of Equivalent	110grumme s	, vaare u	riigii seiise	or Equivalent		Tear Obtained						
21. Academi	c Preparation—Tertiary	Education	ducation										
		Specialization or A	Area of Study	Degree or	other Certification Obta	ined (specify)	Year Obtained						
Name	of Institution												
Verification &	Authentication												
Certified	Authentication	22. Academic Prep Subject	Examining I		Stage/ Level or	Grade Recei							
Document	complete	Subject	(e. g. RSA, C	GCE, CXC)	Proficiency	Grade Receive	veu	Year Obtained					
received													

	nal Preparation of Institution	Area of Specialisation	Dogra	ee or Certification	on Ohtoinos	l (cnocifu)	<u> </u>	Year Obtair
						(0)		
24. Provide so applicable	•	ncy Tests in English and/or Mathe	matics (v	vhere	English Mathen	natics		
Certified Document received	& Authentication Authentication complete	Primary Grades 1-3 = Infant 1 Primary Grades 4 -8 = Standar 25. If you already hold a Lice	rds 2- 6		Licence No.			
		Date of Issue:	ince Fied	Type of Licence				
		Reason for reapplication:						
		26. Teaching Experience						
		Level(s) Taught			•	Years of E	xperience	
_	_	Early Childhood (pre-school) Primary Grades 1-3						
		Primary Grades 4 –8 Secondary Forms 1-2 Secondary Forms 3-4 TVET						
		27. Level and Type of Licence	annlied	l for				
		Level	. аррпец		Licence		Subject Ar	ea (if applic
		Early Childhood (pre-school) Primary Grades 1-3					-	
		Primary Grades 4 –8 Secondary Forms 1-2 Secondary Forms 3-4 TVET						
		~					7.	,
		Sig	gnature			D	M	1

	FOR OFFICE USE										
DISTRICT EDUCATION CENTRE	Application Received:										
			Signature								
					1						
	2. Verification & Authentication										
		ature									
	Application forwarded to Teaching Service Commission										
		D	M	Y		Sign	ature	ture			
The state of the Control of the											
Teaching Service Commission	4. Recommendation of TSC:										
	☐ Recommended ☐ Not Recommended										
	Reason(s) for not recommending licence:										
	Signat	ure				D	M	Y			
	Signat	uic					141	1			
Chief Education Officer	5. Application with TSC's Recomm	endation	receive	ed:							
						D	M	Y			
	☐ Licence Awarded (specify in tabl	Type of			1						
	Level	Subject A applica	rea (if ble)	Cla	ssification						
	Early Childhood (pre-school) Primary Grades 1-3										
	Primary Grades 4 –8										
	Secondary Forms 1-2										
	Secondary Forms 3-4										
	TVET										
	License Number										
	Licence Not Awarded State reason:										
	5.000										
	Applicant Informed:										
			D	M	Y						
	Signat		D	M	Y						

Character Reference Form (to be completed in respect of persons applying for a License to Teach in Belize)

Section A – To be completed by applicant.

~	<u> </u>		- <u> </u>																
A. APPLICANT'S BIOGRAPHICAL DATA																			
1.	NAME																		
			Last Name			First Name				Middle Initial(s)									
								-											
2.	MARITAL STATUS		☐ Single				П ма	arried			Divorced								
	3171103																		
			☐ Widowed			☐ Separated			d										
3.	MAIDEN NA	ME (if	f applicable)																
4.	Date of Birth	1																	
-	Dali - Carial	C	21 N.	D	М		Υ												
5. Belize Social Security No.																			
6.	Name of Ref	eree	(Please Print)		Mr. Mrs. Ms.														
	B. To be completed by Referee																		
7. How long have you known the applicant?																(yrs.)			
8. In what capacity have you known the applicant (yrs.												(913.)							
9.	How well do	you l	know the applicant	?															
10.	Please comp	lete t	he table on the rig	ht.						(1 = Exceptional; 2 = V. Good; 3 = Good; 4 = Fair; 5 = Poor)									
									1	1	2	3		4	5	5			
Com	mitment to B	elize	and its developme	nt															
Inte	rpersonal Skill	ls (rel	ationship with othe	ers)															
Ethi	cal Principles																		
Pers	onal Conduct																		
11.	Other (use t	his sp	ace to provide any	addit	ional	rele	vant infor	matio	n)			II			II.				
								tution/											
							anization ling Addre	cc											
Phon				Fa	17	1		ivial	mg Auure		e-mail								
11011				'	1.1						Cilian								
	•			٠		•				•									
						Sign	ature							D	М	Υ			

Return completed form in a <u>SEALED envelope</u> to the applicant.