MINISTRY OF EDUCATION APPLICATION FOR A LICENCE TO TEACH ED. RULE 59, S.I. 87 of 2012

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.

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			A. APPLICANT'S BIOGRAPHICAL DATA												
<u>Proc</u>	<u>edures:</u>	1.	NAME												
1.	Applicant completes form														
	and obtains two character				L_{c}	ast Name			First	Name	Middle Name				
	references.		-												
2.	Submits completed form										_				
	with references and	2.	MARITAL		Ш	Single			☐ Mar	ried	☐ Divorced				
	certified copies of relevant		STATUS												
	documents District														
	Education Centre					Widowed			□ Sepa						
3.	DEC verifies particulars and														
	forwards application to	3.	MAIDEN NA	AME (if appl	icable)									
	Secretariat Teaching	-	3. MAIDEN NAME (if applicable)												
	Service Commission.								1						
4.	TSC makes	4.	Date of Bi	rth											
	recommendation and				-										
	advises Chief Education					D	M		Υ						
	Officer														
5.	Chief education Officer	5. GENDER					M	ale			☐ Female				
	grants/refuses license and										_ remare				
	logs accordingly.	_	6. Belize Social Security No.												
6.	Applicant informed by	6.	Belize Soc	iai se	curity	NO.									
-	Commission.	B. HOME ADDRESS													
7.	Commission enters information on teacher in the database of Licensed teachers.														
		7.	No. & Stre	eet											
		8.	Name of \	/illage	e, Tow	n or City									
	teuchers.	9.	Name of I	Distric	:t										
		10.	Home Pho	one N	0.										
		11.	Fax No.												
		12.	e-mail												
				ent from above	e)										
		13.	No. & Stre	eet					1000	<u> </u>					
		14.	Name of \	/illage	e, Tow	n or City									
		15.	Name of I												
		16.	P.O. Box N												
				-											
		17.	Home Pho	ne N	0.				1	8. Fax No.					
		19.	e-mail								1				

D. EDUCATIONAL INFORMATION 20. Academic Preparation—Secondary Education													
	ic Preparation—Seconda n School or Equivalent	Programme S	Studied	High Schoo	ol Diploma or Equivalen	Year Obtained							
rume or riigi	. sensor or Equivalent	Trogramme s	, vaareu	riigii seiise	or Diploma or Equivalent	- Car Obtained							
21. Academ	ic Preparation—Tertiary	Education											
		Specialization or A	Area of Study	Degree or	other Certification Obta	ined (specify)	Year Obtained						
Name	of Institution												
Verification 8	& Authentication												
Certified	Authentication	22. Academic Prep Subject	Examining I		Stage/ Level or	Grade Receiv	eived Year Obtained						
Document	complete	Subject	(e. g. RSA, C	GCE, CXC)	Proficiency	Grade Receiv	veu	real Obtained					
received													

If you already hold a Licence Date of Issue: Reason for reapplication: Teaching Experience Level(s) Taught	tics (wh Standard 2- 6	1	English Mathema			Year Obtain
nary Grades 1-3 = Infant 1 - S nary Grades 4 -8 = Standards If you already hold a Licence Date of Issue: Reason for reapplication: Teaching Experience Level(s) Taught	Standard 2- 6 e Please	provide the Lice	Mathema	atics		
nary Grades 1-3 = Infant 1 - S nary Grades 4 -8 = Standards If you already hold a Licence Date of Issue: Reason for reapplication: Teaching Experience Level(s) Taught	Standard 2- 6 e Please	provide the Lice	Mathema	atics		
If you already hold a Licence Date of Issue: Reason for reapplication: Teaching Experience Level(s) Taught	2- 6 e Please	provide the Lice				
Date of Issue: Reason for reapplication: Teaching Experience Level(s) Taught		•				
Reason for reapplication: Teaching Experience Level(s) Taught		7,5 3. 2.0011001				
Level(s) Taught		1				
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v Childhood (pre-school)			Yo	ears of E	xperience	
nary Grades 1-3						
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Т [
Level and Type of Licence ap	pplied fo	or				
Level		Type of Lic	cence		Subject Are	ea (if applic
ondary Forms 1-2 ondary Forms 3-4						
יו ר	Level and Type of Licence and Level y Childhood (pre-school) hary Grades 1-3 ary Grades 4-8 hondary Forms 1-2 hondary Forms 3-4	Level and Type of Licence applied for Level y Childhood (pre-school) ary Grades 1-3 ary Grades 4 -8 andary Forms 1-2 andary Forms 3-4	Level and Type of Licence applied for Level Type of Licence applied for Understand Type of Licence applied for Level Type of Licence applied for Understand Type of Licence applied for Understand Type of Licence applied for Understand Type of Licence Applied Type of Lice	Level and Type of Licence applied for Level Type of Licence y Childhood (pre-school) ary Grades 1-3 ary Grades 4-8 andary Forms 1-2 andary Forms 3-4	Level and Type of Licence applied for Level Type of Licence y Childhood (pre-school)	Level and Type of Licence applied for Level Type of Licence Subject Are y Childhood (pre-school)

	FOR OFFICE USE													
DISTRICT EDUCATION CENTRE	Application Received:													
			Signature											
	Verification & Authentication	n			1									
		D	M	Y		Signature								
	Application forwarded to Teaching Service Commission													
		D	M	Y		ature								
Teaching Service Commission	4. Recommendation of TSC:													
	Reason(s) for not recommending li	□ Not	Recommended											
						T	1							
	Si		D	M	Y									
Chief Education Officer	Application with TSC's Reco	ommendation	receiv	ed:										
-						D	M	Y						
	☐ Licence Awarded (specify in	table below) Type o												
	Level	Subject . (if applic	Subject Area (if applicable)		ssification									
	Early Childhood (pre-school) Primary Grades 1-3	_1												
	Primary Grades 4 –8													
	Secondary Forms 1-2 Secondary Forms 3-4 TVET]												
	License Number													
	_													
	Licence Not Awarded													
	State reason:													
	Applicant Informed:					D	M	Y						
						ע	IVI	I						
	Si	D	M	Y										

Character Reference Form (to be completed in respect of persons applying for a Licence to Teach in Belize) Section A – To be completed by applicant.

~	A. APPLICANT'S BIOGRAPHICAL DATA																				
					A. AI	PPL	ICANT'S	S BIC	GRAPHI	CAL	DATA										
1.	NAME																				
		Last Name					First N	lame		Middle Initial(s)											
2.	MARITAL STATUS		☐ Single			□ ма	arried			Divorced											
	31/11/03																				
		☐ Widowed ☐ Separated																			
3.	3. MAIDEN NAME (if applicable)																				
4.	Date of Birth																				
D							Y														
5.																					
6. Name of Referee (Please Print) Mr. Mrs. Ms.																					
						_	m .														
	II. I. I.		1			В	. To be co	mple	eted by Re	feree											
7. How long have you known the applicant?											(yrs.)										
8. In what capacity have you known the applicant												.,,,									
9. How well do you know the applicant?																					
10. Please complete the table on the right. (1 = Exceptional; 2 = V. Good; 3 = Good;																					
10.	riease comp	iete i	the table on the ne	giit.									5 = Poor)	- G 000	,						
											2		3	4	į	5					
Con	nmitment to Be	elize a	and its developme	nt																	
Inte	rpersonal Skills	s (rela	ationship with oth	ers)																	
Ethi	cal Principles																				
Pers	sonal Conduct																				
11.	Other (use th	nis sp	ace to provide any	/ addi	tional ı	rele	vant infor	matio	on)			•									
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(pri Job T								_	ganization iling Addre	cc											
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Return completed form in a $\underline{\text{SEALED envelope}}$ to the applicant.