

**EDR 1**

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

Application form must be completed in **DUPLICATE** 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.

<p><u>Procedures:</u></p> <ol style="list-style-type: none"> <li>Applicant completes form and obtains two character references.</li> <li>Submits completed form with references and certified copies of relevant documents District Education Centre</li> <li>DEC verifies particulars and forwards application to Secretariat Teaching Service Commission.</li> <li>TSC makes recommendation and advises Chief Education Officer</li> <li>Chief education Officer grants/refuses license and logs accordingly.</li> <li>Applicant informed by Commission.</li> <li>Commission enters information on teacher in the database of Licensed teachers.</li> </ol>	<b>A. APPLICANT'S BIOGRAPHICAL DATA</b>			
	1. NAME			
		<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>
	2. MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced  <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
	3. MAIDEN NAME (if applicable)			
	4. Date of Birth			
		D	M	Y
	5. GENDER	<input type="checkbox"/> Male		<input type="checkbox"/> Female
	6. Belize Social Security No.			
	<b>B. HOME ADDRESS</b>			
	7. No. & Street			
	8. Name of Village, Town or City			
	9. Name of District			
	10. Home Phone No.			
	11. Fax No.			
	12. e-mail			
	<b>C. MAILING ADDRESS (if different from above)</b>			
	13. No. & Street			
	14. Name of Village, Town or City			
	15. Name of District			
16. P.O. Box No.				
17. Home Phone No.		18. Fax No.		
19. e-mail				



23. Professional Preparation			
Name of Institution	Area of Specialisation	Degree or Certification Obtained (specify)	Year Obtained
24. Provide scores in Basic Competency Tests in English and/or Mathematics (where applicable)		English	
		Mathematics	

<b>Verification &amp; Authentication</b>  Certified Document received	Authentication complete	Primary Grades 1-3 = Infant 1 – Standard 1 Primary Grades 4 –8 = Standards 2- 6		
		25. If you already hold a Licence Please provide the Licence No.		
		Date of Issue:	Type of Licence:	
		Reason for reapplication:		
26. Teaching Experience				
		<b>Level(s) Taught</b>		<b>Years of Experience</b>
<input type="checkbox"/>	<input type="checkbox"/>	Early Childhood (pre-school)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary Grades 1-3	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary Grades 4 –8	<input type="checkbox"/>	
		Secondary Forms 1-2	<input type="checkbox"/>	
		Secondary Forms 3-4	<input type="checkbox"/>	
		TVET	<input type="checkbox"/>	
27. Level and Type of Licence applied for				
		<b>Level</b>	<b>Type of Licence</b>	<b>Subject Area (if applicable)</b>
<input type="checkbox"/>	<input type="checkbox"/>	Early Childhood (pre-school)	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary Grades 1-3	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary Grades 4 –8	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Secondary Forms 1-2	<input type="checkbox"/>	
		Secondary Forms 3-4	<input type="checkbox"/>	
		TVET	<input type="checkbox"/>	
Signature			D	M      Y

	<b>FOR OFFICE USE</b>			
<b>DISTRICT EDUCATION CENTRE</b>	1. Application Received:			
		D	M	Y
	Signature			
	2. Verification & Authentication			
		D	M	Y
	Signature			
<b>Teaching Service Commission</b>	3. Application forwarded to Teaching Service Commission			
		D	M	Y
	Signature			
	4. Recommendation of TSC:			
	<input type="checkbox"/> Recommended		<input type="checkbox"/> Not Recommended	
	Reason(s) for not recommending licence:			
Signature		D	M	Y
<b>Chief Education Officer</b>	5. Application with TSC's Recommendation received:			
		D	M	Y
	<input type="checkbox"/> Licence Awarded (specify in table below)			
	<b>Level</b>	<b>Type of Licence</b>	<b>Subject Area (if applicable)</b>	<b>Classification</b>
	Early Childhood (pre-school) <input type="checkbox"/>			
	Primary Grades 1-3 <input type="checkbox"/>			
	Primary Grades 4 –8 <input type="checkbox"/>			
	Secondary Forms 1-2 <input type="checkbox"/>			
	Secondary Forms 3-4 <input type="checkbox"/>			
	TVET <input type="checkbox"/>			
	License Number			
	<input type="checkbox"/> Licence Not Awarded			
State reason:				
Applicant Informed:				
	D	M	Y	
Signature				
	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									
1. NAME									
	<i>Last Name</i>			<i>First Name</i>			<i>Middle Initial(s)</i>		
2. MARITAL STATUS	<input type="checkbox"/> Single			<input type="checkbox"/> Married			<input type="checkbox"/> Divorced		
	<input type="checkbox"/> Widowed			<input type="checkbox"/> Separated					
3. MAIDEN NAME (if applicable)									
4. Date of Birth									
	D	M	Y						
5. Belize Social Security No.									
6. Name of Referee (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									
9. How well do you know the applicant?									
10. Please complete the table on the right.					(1 = Exceptional; 2 = V. Good; 3 = Good; 4 = Fair; 5 = Poor)				
					1	2	3	4	5
Commitment to Belize and its development									
Interpersonal Skills (relationship with others)									
Ethical Principles									
Personal Conduct									
11. Other (use this space to provide any additional relevant information)									
Name (print)			Institution/ Organization						
Job Title			Mailing Address						
Phone		Fax				e-mail			
Signature							D	M	Y

Return completed form in a **SEALED envelope** to the applicant.