



The Government of the Republic of Trinidad and Tobago

MINISTRY OF EDUCATION

APPLICATION FORM FOR ENTRY OF NAME IN THE
TEACHERS' REGISTER

(Please write in BLOCK CAPITALS or type information needed)

<u>FOR OFFICIAL USE ONLY</u>	
REGISTRATION NUMBER.....	
REGISTRATION DATE.....	
RECEIPT//.....	DATE.....
BIRTH CERT//.....	DATE.....
MARRIAGE CERT//.....	DATE.....
DEED POLL//.....	DATE.....
AFFIDAVIT//.....	DATE.....

1. NAME

..... (Miss/Mrs./Mr.)
(Surname) (First Name) (Other Names) (Circle)

2. HOME ADDRESS:

3. DATE OF BIRTH:

4. PLACE OF BIRTH:(DD/MM/YY)

5. NATIONALITY:

6. WHERE EDUCATED AT SECONDARY LEVEL:

YEAR OF EXAMS

7. DETAILS OF QUALIFICATIONS AND GRADES OBTAINED:

DATE:

DATE:

DATE:

DATE:

DATE:

8. Have you ever been refused permission to register as a Teacher or have had your name removed from the Teachers' Register?
.....

9. NAMES OF THE WRITERS OF YOUR TESTIMONIALS:

<u>Name</u>	<u>School</u>	<u>Post</u>	<u>Teachers' Reg. No.</u>
-------------	---------------	-------------	---------------------------

10. WERE YOU EMPLOYED AS A TEACHER ON/BEFORE THE 27TH AUGUST 1966?

IF SO, GIVE NAME OF THE SCHOOL:

11. DATE OF APPLICATION:

12. TELEPHONE NUMBER:

I acknowledge receipt of all my original documents.

Name (block letters)

Signature

NB: ENTRY OF NAME ON THE TEACHERS' REGISTER DOES NOT ENTITLE A PERSON TO ANY APPOINTMENT IN THE TEACHING SERVICE.