



Early Childhood Care and Education Authority

Serial:

Photo

Application form

**Registration of personnel: Administrative Secretary/Clerk/
Helper (teaching)/Care giver/Resource Person/School
Attendant/Gardener/Handyman/Cook**

Year: January 2023 – December 2024

1. Designation: _____
2. Name of School _____
2. Name _____
3. Title _____
4. Address (School) _____
5. Phone /Fax number _____
6. Date of birth _____ Age: _____
8. Gender _____
9. Nationality _____
10. Work permit (*if applicable*) _____
11. National ID No. _____
12. Address –Home _____
13. Phone (home) _____
- 14.. Full time or part time _____
15. If part time specify time attending school _____

16. Academic qualifications

| | | | |
|------------------------------------------------------|--------------|------------------------------------------------------|--------------|
| Qualification (SC 'O' Level or GCE 'O' Level) | | Qualification (SC 'O' Level or GCE 'O' Level) | |
| Specify: | | Specify: | |
| Year: | | Year: | |
| Subject | Grade | Subject | Grade |
| | | | |
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|-------------------------------------------------------|--------------|-------------------------------------------------------|--------------|
| Qualification (HSC 'A' Level or GCE 'A' Level) | | Qualification (HSC 'A' Level or GCE 'A' Level) | |
| Specify: | | Specify: | |
| Year: | | Year: | |
| Subject | Grade | Subject | Grade |
| | | | |
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17. Any other qualifications

| | | |
|--------------------|----------------------------|-------------------|
| Institution | Certificate awarded | Dates/year |
| | | |
| | | |
| | | |
| | | |

18. Record of service in pre-school sector

| Name of pre-school Institution | FROM (year) | TO (year) | Position held |
|--------------------------------|-------------|-----------|---------------|
| | | | |
| | | | |
| | | | |

19. Present employment

| | |
|-----------------------------|--|
| Employed by an individual | |
| Employed by an organization | |
| Name of employer: | |
| Monthly salary: | |
| Contribution to NPS : | |

20. Statement from Manager

Icertify that Mrs. /Mr.is employed as as per information submitted above .

Signature of Manager: Date :

21. Statement from applicant

I certify that the information given on this form is true, complete and correct to the best of my knowledge.

Signature:

FOR OFFICIAL USE

22. The following documents have been produced checked and returned

| | | | | | |
|----|-----------------------------------------------------|--|-----|----------------------------------------------------------|--|
| 1. | Birth Certificate | | 6. | Professional Certificate | |
| 2. | Medical Certificate Date: From To | | 7. | Educational Certificate | |
| 3. | X Ray Report Date: From To | | 8. | Certificate of Character Date: From To | |
| 4. | Identity Card | | 9. | Civil Marriage Certificate if applicable | |
| 5. | Work permit (<i>if applicable</i>) | | 10. | First Aid Certificate | |

I, Mrs.Assistant Coordinator certify having verified the above information and recommend /do not recommend the registration of the applicant

Reasons for not recommended (if applicable)

Signature of Assistant Coordinator:..... Date:

Remarks from Coordinator

Approved /Not approved

Remarks

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Signature of Unit Coordinator:..... Date: