



A Caring Institution

# Early Childhood Care and Education Authority

Serial:

Photo

## Application form Registration of Educator

Year:.....

- 1. Name of School: \_\_\_\_\_
- 2. Name of Educator \_\_\_\_\_
- 3. Title \_\_\_\_\_
- 4. Address (School) \_\_\_\_\_
- 5. Phone/Fax number \_\_\_\_\_
- 6. Phone number –Home \_\_\_\_\_
- 7. Email address \_\_\_\_\_
- 8. Date of birth \_\_\_\_\_
- 9. Gender \_\_\_\_\_
- 10. Nationality \_\_\_\_\_
- 11. Work permit if (applicable) \_\_\_\_\_
- 12. National ID No. \_\_\_\_\_
- 13. Address –Home \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**15. Professional Qualifications**

Institution	Certificate awarded	Dates/Year

**16. Any other qualifications**

Institution	Certificate awarded	Dates/Year

**17. Record of service in pre-school sector**

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

**18. Present employment**

Self employed	
Employed by an individual	
Employed by an organization	
Name of employer: (if applicable)	
Monthly salary:	
Contribution to NPS :	

**19. Statement from Manager (Manager-Educator)**

I, Mr/Mrs..... the undersigned hereby certify that Mrs./Mr .....is employed as educator/manager-educator as per informatic provided above.

Date:..... Signature of Manager: .....

**Statement of Educator**

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

Signature of Educator: ..... Date: .....

**FOR OFFICIAL USE**

The following documents have been produced checked and returned

1.	Birth Certificate		6.	Professional Certificate	
2.	Medical Certificate ( <i>Private</i> )		7.	Educational Certificate	
3.	Medical Certificate ( <i>GMO</i> )		8.	Certificate of character/ Morality Certificate	
4.	Identity Card		9.	Civil Marriage Certificate if applicable	
5.	Work permit ( <i>if applicable</i> )		10.		

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**

.....  
 .....  
 .....  
 .....

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