



Early Childhood Care and Education Authority

Serial:

Photo

Application form Registration of Assistant Teacher

Registration period: January 2025 - December 2026

1. Name of School: _____
2. Address (School) : _____
3. Phone/Fax number : _____
4. Name of Assistant Teacher: _____
5. Title (Mr, Mrs, Ms) : _____
6. Date Joined : _____
7. Phone number –Home : _____
8. Email address : _____
9. Date of birth : _____ Age _____
10. Nationality : _____
11. Work permit if (applicable) : _____
12. National ID No. : _____
13. Address –Home : _____
: _____
: _____

15. Professional Qualifications

Institution	Certificate awarded (MQA Approved)	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 :	

Applicable for Pre-primary School in the GIA Scheme Only

Bank Account Number:

Branch:

19. Statement from Manager (Manager)

I, Mr./Mrs..... the undersigned hereby certify that Mrs./Mr
.....is employed as Assistant Teacher as per information provided

Date:

Signature of Manager:

Statement of Assistant Teacher

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

Signature of Assistant Teacher: Date:

FOR OFFICIAL USE

The following documents have been produced for Assistant Teacher:

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

Remarks

.....

Signature of Unit Coordinator..... Date: