



# Early Childhood Care and Education Authority

Serial:

Photo

## Application form Registration of Caregiver

**Registration period: January 2025 - December 2026**

1. Name of School : \_\_\_\_\_
2. Name of registered Caregiver: \_\_\_\_\_
3. Date Caregiver joined : \_\_\_\_\_
6. Title (Mr/Mrs/Mrs) : \_\_\_\_\_
7. Address (School) : \_\_\_\_\_
8. Phone number : \_\_\_\_\_
9. Phone number –Home : \_\_\_\_\_
10. Email address : \_\_\_\_\_
11. Date of birth : \_\_\_\_\_ Age \_\_\_\_\_
12. Nationality : \_\_\_\_\_
13. Work permit if (applicable) : \_\_\_\_\_
14. National ID No. : \_\_\_\_\_
15. Address –Home : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_

**16. Academic qualifications**

Qualification (Certificate of Primary Education)	
Year: .....	Rank: .....
Subject	Grade

**17. Record of service in pre-primary 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: (where applicable):	

**19. Statement from Manager**

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

Date:.....

Signature of Manager: .....

**Statement of Caregiver**

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

Signature of Attendant: ..... Date: .....

**FOR OFFICIAL USE**

The following documents have been produced for Caregiver t:

1.	Birth Certificate		6.	Professional Certificate	
2.	Medical Certificate		7.	Educational Certificate	
3.	X Ray Report		8.	Certificate of character	
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: .....