



A Caring Institution

Early Childhood Care and Education Authority

Serial:

Photo

Application form

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

Year:.....

- 1. Designation: _____
- 2. Name of School _____
- 2. Name _____
- 3. Title _____
- 4. Address (School) _____
- 5. Phone /Fax number _____
- 6. Date of birth _____
- 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

Qualification (HSC 'A' Level or GCE 'A' Level)		Qualification (HSC 'A' Level or GCE 'A' Level)	
Specify:		Specify:	
Year:		Year:	
Subject	Grade	Subject	Grade

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 (<i>Private</i>)		7	Educational Certificate	
3	Medical Certificate (<i>GMO</i>)		8	Morality Certificate	
4	Identity Card		9	Civil marriage Certificate	
5	Work permit (<i>if applicable</i>)				

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 Coordinator:..... Date: