



Early Childhood Care and Education Authority

Serial:

Photo

Application form Registration of Attendant

Registration period: January 2023-December 2024

- 1. Name of School : _____
- 2. Name of registered Attendant: _____
- 3. Is there a change in Attendant: Yes
- 4. If (yes), Name of new Attendant : _____
- 5. Date new Attendant joined: _____

-----**This part onwards information to be filled for registered Attendant or new Attendant**-----

- 6. Title : _____
- 7. Address (School) : _____
- 8. Phone/Fax number : _____
- 9. Phone number –Home : _____
- 10. Email address : _____
- 11. Date of birth : _____ Age _____
- 12. Gender : _____
- 13. Nationality : _____
- 14. Work permit if (applicable) : _____
- 15. National ID No. : _____
- 16. Address –Home : _____
: _____
: _____

18. Professional Qualifications

Institution	Certificate awarded (MQA Approved)	Dates/Year

19. Any other qualifications

Institution	Certificate awarded	Dates/Year

20. Record of service in pre-school sector

Name of pre-school Institution	FROM (<i>year</i>)	TO (<i>year</i>)	Position held

21. Present employment

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

22. Statement from Manager (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 Attendant

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 Attendant:

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:**