



# Early Childhood Care and Education Authority

Serial:

Photo

## Application form for change in status of Teacher Helper

**Registration period: January 2023 - December 2024**

1. Name of School : \_\_\_\_\_
2. Address (School) : \_\_\_\_\_
3. Phone/Fax number (School): \_\_\_\_\_
4. Name of registered Teacher Helper: \_\_\_\_\_
5. Date Teacher Helper joined: \_\_\_\_\_
6. Is the Teacher Helper still in employment: Yes  No
7. If (Yes), new status of the Teacher Helper under the GIA scheme : Teacher  Assistant Teacher
8. Title (Mr/Mrs/Ms) : \_\_\_\_\_
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 (year)	TO (year)	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 Teacher/Assistant Teacher\* as per information  
 above. (\*delete as appropriate)

Date:.....

Signature of Manager: .....

## Statement of Teacher/Assistant Teacher

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

Signature of Teacher/Assistant Teacher\*: ..... Date: .....  
 (\*delete as appropriate)

## FOR OFFICIAL USE

The following documents have been produced for Teacher Helper:

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: .....