



Early Childhood Care and Education Authority

Serial:

Photo

Application form Registration of Educator

Year: January 2023 –December 2024

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

15. Professional Qualifications

Institution	Certificate awarded	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 :	

19. Statement from Manager (Manager-Educator)

I, Mr/Mrs..... the undersigned hereby certify that Mrs./Mris employed as educator/manager-educator as per information provided above.

Date:.....

Signature of Manager:

Statement of Educator

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

Signature of Educator: Date:

FOR OFFICIAL USE

The following documents have been produced for Educator:

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

Approved /Not approved

Remarks

.....

Signature of Unit Coordinator:..... Date: