

Early Childhood Care and Education Authority

	Serial:
Photo	Application form Registration of Teacher
	Year: January 2025 – December 2026
. Name of School:	:
2. Name of Teacher	:
3. Title	:
l. Address (School)	:
5. Phone number	:
5. Email address	:
7. Date of birth	:Age:
3. Gender	:
). Nationality	:
0. Work permit if applicable)	<u>:</u>
1. National ID No.	:
2. Address –Home	:
	:

13. Academic qualifications				
Qualification (SC 'O' Level or GCE	'O' Level)	Qualification (SC 'O' Level or GCE 'O' Level) Specify: Year:		
Specify:				
Year:				
Subject	Grade	Subject	Grade	
	•		"	
Qualification (HSC 'A' Level or GCE	'A' Level)	Qualification (HSC 'A' Level or GO	CE 'A' Level)	
Specify:		Specify:		
Year:		Year:		
Subject	Grade	Subject	Grade	

Institution		Certificate awarded		
. Any other qualification		Certificate awarded		Dates/Year
. Record of service in	pre-school	sector		
	pre-school FROM (year)	sector TO(year)	Pos	ition held
			Pos	ition held
			Pos	ition held
			Pos	ition held
			Pos	ition held
S. Record of service in Name of pre-school Institution			Pos	ition held
Name of pre-school Institution	FROM (year)		Pos	ition held
Name of pre-school Institution 7. Present employment	FROM (year)		Pos	ition held
Name of pre-school Institution 7. Present employment Gelf employed	FROM (year)		Pos	ition held
Name of pre-school Institution Y. Present employment Self employed Employed by an individual	FROM (year)		Pos	ition held
Y. Present employment Self employed Employed by an individual Employed by an organization	FROM (year)		Pos	ition held
Name of pre-school Institution Y. Present employment Gelf employed Employed by an individual Employed by an organization Name of employer: (if applicable)	FROM (year)		Pos	ition held
Y. Present employment Self employed Employed by an individual Employed by an organization	FROM (year)		Pos	ition held

19. Statement from Manager	
I, Mr./Mrsthat Mr./Mrsas per information provided above.	the undersigned hereby certify is employed as educator/manager-educator
Date:	Signature of Manager:
Statement of Teacher	
Icomplete and correct to the best of my knowledge	certify that the information given on this form is
Signature of Educator:	Date:

FOR OFFICIAL USE

1.	Birth Certificate	6.	Professional Certificate	
2.	Medical Certificate	7.	Educational Certificate	
	Date: From			
	То			
3.	X Ray Report	8.	Certificate of Character	
	Date: From		Date: From	
	То		То	
4.	Identity Card	9.	Civil Marriage Certificate if applicable	
5.	Work permit (if applicable)	10.	First Aid Certificate	
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reco	ommend /do not recommend the	registration o	nator certify having verified the above informatio f the applicant	n and
reco		registration o	-	n and
reco Rea	ommend /do not recommend the sons for not recommended (if app	registration o licable)	f the applicant	
reco Rea	ommend /do not recommend the sons for not recommended (if app	registration o licable)	-	
reco Rea Sign	ommend /do not recommend the sons for not recommended (if app	registration o licable)	f the applicant	
reco Rea Sign	ommend /do not recommend the sons for not recommended (if applicature of Assistant Coordinator:	registration o licable)	f the applicant	

Remarks from Coordinator
Approved /Not approved
Remarks
Signature of Unit Coordinator: Date: