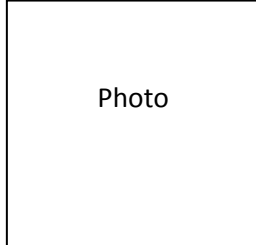




A Caring Institution

Early Childhood Care and Education Authority



Serial:

Application form
Registration of Resource person
Year: _____

Area of intervention:

1. Name of School	: _____
2. Name	: _____
3. Title	: _____
4. Address (School)	: _____
5. Phone /Fax number	: _____
6 Email address	: _____
7. Date of birth	: _____
8. gender	: _____
9. Nationality	: _____
10. Work permit (if applicable)	: _____
11. National ID No.	: _____
12. Address –Home	: _____
13. Specialised to teach	Music <input type="checkbox"/> Yoga teacher <input type="checkbox"/> Dance <input type="checkbox"/> Swimming <input type="checkbox"/> Drama <input type="checkbox"/>
14. Full time or part time	: _____
15. If part time specify time attending school	: _____

16. Academic qualifications

Institution	Certificate awarded	Dates/year

17. Professional Qualifications

Institution	Certificate awarded	Dates/year

18. Any other qualifications

Institution	Certificate awarded	Dates/year

19. Record of service in pre-school sector

Name of pre-school Institution	FROM (year)	TO(year)	Position held

20. Present employment

Employed by an individual	
Employed by an organization	
Name of employer:	
Monthly salary:	
Contribution to NPS :	

21. Statement from Manager

Icertify that Mrs. /Mr.is employed asas per information above.
I certify that the information given on this form is true, complete and correct to the best of my knowledge
Signature of part time resource person: Date:

FOR OFFICIAL USE

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	Letter of appointment from owner of school (<i>if employed</i>)	
5	Work permit (<i>if applicable</i>)		10	Civil marriage 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

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Signature of Coordinator:..... Date: