

EDR 4

**MINISTRY OF EDUCATION
APPLICATION FOR A LICENSE TO TEACH
ED. RULE 59, S.I. 2011**

Application form must be completed in **DUPLICATE** and submitted to the Secretariat of the Teaching Service Commission, Ministry of Education through the District Education Centre. Certified copies of required documents and testimonials must be submitted along with this form.

<p><u>Procedures:</u></p> <ol style="list-style-type: none"> 1. Applicant completes form and obtains two character references. 2. Submits completed form with references and certified copies of relevant documents District Education Centre 3. DEC verifies particulars and forwards application to Secretariat Teaching Service Commission. 4. TSC makes recommendation and advises Chief Education Officer 5. Chief education Officer grants/refuses license and logs accordingly. 6. Applicant informed by Commission. 7. Commission enters information on teacher in the database of Licensed teachers. 	A. APPLICANT'S BIOGRAPHICAL DATA				
	1. NAME				
		<i>Last Name</i>	<i>First Name</i>	<i>Middle Name</i>	
	2. MARITAL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
	3. MAIDEN NAME (if applicable)				
	4. Date of Birth				
		D	M	Y	
	5. GENDER	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
	6. Belize Social Security No.				
	B. HOME ADDRESS				
	7. No. & Street				
	8. Name of Village, Town or City				
	9. Name of District				
	10. Home Phone No.				
	11. Fax No.				
	12. e-mail				
	C. MAILING ADDRESS (if different from above)				
	13. No. & Street				
	14. Name of Village, Town or City				
	15. Name of District				
16. P.O. Box No.					
17. Home Phone No.			18. Fax No.		
19. e-mail					

	FOR OFFICE USE			
DISTRICT EDUCATION CENTRE	1. Application Received:			
		D	M	Y
	Signature			
	2. Verification & Authentication			
		D	M	Y
	Signature			
Teaching Service Commission	3. Application forwarded to Teaching Service Commission			
		D	M	Y
	Signature			
	4. Recommendation of TSC:			
	<input type="checkbox"/> Recommended		<input type="checkbox"/> Not Recommended	
	Reason(s) for not recommending licence:			
Signature		D	M	Y
Chief Education Officer	5. Application with TSC's Recommendation received:			
		D	M	Y
	<input type="checkbox"/> Licence Awarded (specify in table below)			
	Level	Type of Licence	Subject Area (if applicable)	Classification
	Early Childhood (pre-school) <input type="checkbox"/>			
	Primary Grades 1-3 <input type="checkbox"/>			
	Primary Grades 4 –8 <input type="checkbox"/>			
	Secondary Forms 1-2 <input type="checkbox"/>			
	Secondary Forms 3-4 <input type="checkbox"/>			
	TVET <input type="checkbox"/>			
	License Number			
<input type="checkbox"/> Licence Not Awarded				
State reason:				
Applicant Informed:				
	D	M	Y	
Signature				
	D	M	Y	

Character Reference Form (to be completed in respect of persons applying for a License to Teach in Belize)

Section A – To be completed by applicant.

A. APPLICANT'S BIOGRAPHICAL DATA									
1. NAME									
	<i>Last Name</i>			<i>First Name</i>			<i>Middle Initial(s)</i>		
2. MARITAL STATUS	<input type="checkbox"/> Single			<input type="checkbox"/> Married			<input type="checkbox"/> Divorced		
	<input type="checkbox"/> Widowed			<input type="checkbox"/> Separated					
3. MAIDEN NAME (if applicable)									
4. Date of Birth									
			D	M	Y				
5. Belize Social Security No.									
6. Name of Referee (Please Print)				Mr. Mrs. Ms.					
B. To be completed by Referee									
7. How long have you known the applicant?					(yrs.)				
8. In what capacity have you known the applicant									
9. How well do you know the applicant?									
10. Please complete the table on the right.					(1 = Exceptional; 2 = V. Good; 3 = Good; 4 = Fair; 5 = Poor)				
					1	2	3	4	5
Commitment to Belize and its development									
Interpersonal Skills (relationship with others)									
Ethical Principles									
Personal Conduct									
11. Other (use this space to provide any additional relevant information)									
Name (print)					Institution/ Organization				
Job Title					Mailing Address				
Phone		Fax					e-mail		
							D	M	Y
Signature							D	M	Y

Return completed form in a SEALED envelope to the applicant.