## MINISTRY OF EDUCATION APPLICATION FOR A **SPECIAL LICENCE** TO TEACH ED. RULE 59, S.I. 87 of 2012

Application form must be completed in <u>DUPLICATE</u> 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.

arong trees this forth												
		A. APPLICANT'S BIOGRAPHICAL DATA										
<u>Procedures:</u> 1. Applicant completes form	7	NAME										
and obtains the following			Lo	ist Name			Firs	t Name			Middle Na	me
(i) one character reference	e,											
(ii) one verification of industry experience, (iii) letter of justification	/	ARITAL		Single			☐ Ma	rried			Divorced	
attesting to the need for your specialized skill/ knowledge from a	;	STATUS		Widowed			☐ Sep	arated				
prospective employer. Se					_							
forms for (i) and (ii) attached.	٥.	MAIDEN NAME (	if appli	cable)			4					
Submits completed forms												
and certified copies of relevant documents	4.	Date of Birth										
through District Education Centre (DEC)	n			D	M		Υ					
3. DEC verifies particulars a	nd 5.	GENDER	R			ماد		$\overline{}$			Female	
forwards application to	-				IVIC	aic					remale	
Secretariat Teaching Service Commission (TSC	6.	Belize Social Se	curity l	Vo.								
<ol><li>TSCS makes</li></ol>		B. HOME ADDRESS										
recommendation and				E	з. но	ME A	ADDRESS					
advises Chief Education	7.	No. & Street										1
Officer	8.	Name of Village		or City								
<ol><li>Chief Education Officer grants/refuses license an</li></ol>	d 9.	Name of Distric	t									
logs accordingly.	10.	Home Phone N	0.									
6. Applicant informed by TS thru the DEC.	11.	Fax No.										
<ol> <li>TSCS enters information teacher in the database of licensed teachers.</li> </ol>		e-mail										
ncensea teachers.			C. N	IAILING A	ADD	RESS	S (if diffe	rent fron	n above	?)		
	13.	No. & Street										
	14.	Name of Village	, Towr	or City								
	15.	Name of Distric										
	16.	P.O. Box No.										
	17.	Home Phone N	0.				1	l8. Fax	No.			
	19.	e-mail										

		D	. EDUCATIO	ONAL INFO	RMATION		
	ic Preparation—Seconda		Ptudiod	High Sahoa	ol Diploma or Equivale	ent obtained	Year Obtained
Name of High	School or Equivalent	Programme	studied	nign schoo	ii Dipioma or Equivale	mt obtained	rear Obtained
24 Asadam	ic Preparation—Tertiary	Education					
21. Academ	ic Preparation—Tertiary	Specialization or	Area of Study	Degree or	other Certification Obt	ained (specify)	Year Obtained
Name	of Institution						
4							
Verification 8	& Authentication						
Certified	Authentication	22. Academic Pre Subject	paration—Exa Examining		Stage/ Level or	Grade Receive	d Year Obtained
Document	complete		(e. g. RSA,		Proficiency		
received		,					
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<ol><li>Profession</li></ol>	onal Certification						
Name	of Institution	Area of Specialisation	Certif	fication Obtained (specify	y)		Year Obtained
			+			Yak	
24. Industry	Experience						
-	of Institution	Area of Specialisation	Certif	ication Obtained (specify	1)		Year Obtained
=		,					
Verification	& Authentication						
Certified Document	Authentication complete						
received	complete		*				
		25. If you already hold a Lic	ence Plea	ase provide the Licence N	lo.		
		Date of Issue:		Type of Licence:			
		Reason for re-applicatio	n:				
		26. Teaching Experience					
		Level(s) Taught			Years of E	xperience	
		Early Childhood (pre-school)					
		Primary					
		Secondary					
		TVET					
Ψ,		27. Level and Area of Specia	lization a				
	_	Level	alization				
		Early Childhood (pre-school)					
		Primary					
		Secondary TVET •					
		IVL!				1	
		C:	anatura		- D	M	V

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	FOR OFFICE USE							
DISTRICT EDUCATION CENTRE	Application Received:							
		D	M	Y		Signa	ature	
	2. Verification & Authentication							
		D	M	Y		Signa	ature	
	Application forwarded to Secretariat Teaching Service Commission	D	M	Y		Signa	ature	
			111	_				
Teaching Service Commission Secretariat	4. Recommendation of TSCS:	2		7				
	☐ Recommended		Т		□ Not 1	Recomm	ended	
	Reason(s) for not recommending licer	nce:			L Not	KCCOIIII	ciided	
	reason(s) to since recommending need							
	Signa	ature				D	M	Y
Chief Education Officer	<ol><li>Application with TSC's Recommendation</li></ol>	mendation	receive	ed:				
	_					D	M	Y
*	☐ Licence Awarded (specify in tab	ble below)			60 1-11			
	Level			A	rea of Speciali	zation	_	
	Early Childhood (pre-school)						+	
	Primary Grades							
	Secondary							
	TVET							
	License Number							
	☐ Licence Not Awarded							
	State reason:							
	Applicant Informed:					D	M	Y
	Cian	otura				D	M	v

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

T	he applicant is	to full out section A										
			A. A	PPLIC	ANT'S	BIOGRAPHI	CAL	DATA				
1.	NAME											
	-	Last Name		+-	Cinch M.				Middle Initial(s)			
	-			First No	ame			whale mitial(s)				
			•				_					
2.	MARITAL	☐ Single			Mai	rried		Divorced				
	STATUS											
		☐ Widowed			7 San	arated						
_					э эер	arateu						
3.		E (if applicable)										
4.	Date of Birth											
			D N	, +	Υ	-						
5.	Belize Social S	ocurity No	1									
٥.	Belize Social S	eculity No.										
6.	Name of Refe	ree (Please Print)	Mr.	Mrs.	Ms.	7						
												351
	P.T. bernald J. D.S.											
7	B. To be completed by Referee  7. How long have you known the applicant?											
7.	How long nav	e you known the appli	cantr									(yrs.)
8.												
9.	-	ou know the applicant										
	,											
10.	Bloase somple	ete the table on the rig	rht					(1 = Evcent	tional; 2 = V. Good; 3	S = Good		
10.	riease comple	ete the table on the ne	511C.						4 = Fair; 5 = Poor)	, = 000u,		
•						1		2	3	4	5	5
Com	mitment to Bel	ize and its developme	nt								$\top$	
Inte	rpersonal Skills	(relationship with other	ers)									
	cal Principles											
	onal Conduct	- x - x	-									
11.		is space to provide any	/ additiona	l releva	nt infor	mation)						
11.	Other (dae th	3 space to provide arry	· dadiciona	reieva		maciony						
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Job T			F			Mailing Addr	235	a mail				
Phon	e		Fax					e-mail				
	-			Signat	ure					D	М	Υ

Return completed form in a **SEALED envelope** to the applicant.

Verification of Industry/ Work Experience (to be completed in respect of persons applying for a Special License to Teach in Belize) Section A – To be completed by applicant.

					A. AP	PLICAN	T'S I	BIOGRA	PHICAL	L DATA				
1.	NAME													
		-				First Name								
			Last Name			Fir	st Nai	me			Middle Initial(s)	-		
2.	MARITAL		☐ Single				Marr	ied		Divorced				
	STATUS													
			☐ Widowed			+-			_					
							Sepa	rated						
3.			f applicable)											
4.	Date of Birt	th												
								-						
				D	М	Υ								
5.	Belize Socia	al Secu	rity No.											
6.	Name of Re	eferee	(Please Print)		Mr.	Mrs. Ms.								
			,											
						B. To b	e con	npleted b	y Refere	e				
7.	How long h	ave yo	u known the appli	cant?										
0	In what are		nave you known th					_						(yrs.)
8.					licantr									
9.	How well d	o you i	know the applican	t?										
١٥.	Please at	ttach	a signed con	าตลเ	ıv let	ter att	estii	ng to t	he den	nonstrate	ed competency	of the	e appli	cant
-			_	-	77			-			being sought.		о арри	
			e area or spe	ciaii	Zatio	ii ioi w	riiici	i tile 3	peciai	iicelise is	being sought.			
11.	Other luce	this on	ace to provide any	addi	tional r	alouant in	form	ation)						
11.	Other (use	tills sp	ace to provide any	auui	Lionain	elevalit iii	IIOIIII	ationj						
Nan								Institutio						
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Job T	itle							Mailing A	Address					
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Return completed form in a  $\underline{\textbf{SEALED envelope}}$  to the applicant.