

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

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.

Procedures: 1. Applicant completes form and obtains the following: (i) one character reference, (ii) one verification of industry experience, (iii) a letter of justification attesting to the need for your specialized skill/knowledge from a prospective employer. See forms for (i) and (ii) attached. 2. Submits completed forms and certified copies of relevant documents through District Education Centre (DEC) 3. DEC verifies particulars and forwards application to Secretariat Teaching Service Commission (TSCS) 4. TSCS makes recommendation and advises Chief Education Officer 5. Chief Education Officer grants/refuses license and logs accordingly. 6. Applicant informed by TSCS thru the DEC. 7. TSCS enters information on teacher in the database of licensed teachers.	A. APPLICANT'S BIOGRAPHICAL DATA			
	1. NAME			
	Last Name		First Name	
	Middle Name			
	2. ARITAL 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 Nb.			
	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				

D. EDUCATIONAL INFORMATION

20. Academic Preparation—Secondary Education

Name of High School or Equivalent	Programme Studied	High School Diploma or Equivalent obtained	Year Obtained

21. Academic Preparation—Tertiary Education

21. Academic Preparation - Tertiary Education	Specialization or Area of Study	Degree or other Certification Obtained (specify)	Year Obtained

Verification & Authentication

Certified
Document
received

Authentication
complete

22. Academic Preparation—Examinations

[illegible]

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23. Professional Certification			
Name of Institution	Area of Specialisation	Certification Obtained (specify)	Year Obtained
24. Industry Experience			
Name of Institution	Area of Specialisation	Certification Obtained (specify)	Year Obtained
Verification & Authentication			
Certified Document received	Authentication complete		
		25. If you already hold a Licence Please provide the Licence No.	
		Date of Issue:	Type of Licence:
		Reason for re-application:	
		26. Teaching Experience	
		Level(s) Taught	Years of Experience
<input type="checkbox"/>	<input type="checkbox"/>	Early Childhood (pre-school) <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Secondary <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	TVET <input type="checkbox"/>	
		27. Level and Area of Specialization applied for	
		Level	Area of Specialization
<input type="checkbox"/>	<input type="checkbox"/>	Early Childhood (pre-school) <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Primary <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	Secondary <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	TVET <input type="checkbox"/>	
Signature		D	M Y

	FOR OFFICE USE				
DISTRICT EDUCATION CENTRE	1. Application Received:				
		D	M	Y	
	Signature				
	2. Verification & Authentication				
		D	M	Y	
	Signature				
	3. Application forwarded to Secretariat Teaching Service Commission				
		D	M	Y	
	Signature				
	Teaching Service Commission Secretariat	4. Recommendation of TSCS:			
		<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	Area of Specialization			
	Early Childhood (pre-school) <input type="checkbox"/>				
	Primary Grades <input type="checkbox"/>				
	Secondary <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 Special License to Teach in Belize)
The applicant is to full out section A and forward the form to the referee.

A. APPLICANT'S BIOGRAPHICAL DATA									
1. NAME									
	Last Name			First Name			Middle Initial(s)		
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					
Signature							D	M	Y

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. APPLICANT'S BIOGRAPHICAL DATA									
1. NAME									
	Last Name			First Name			Middle Initial(s)		
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 attach a signed company letter attesting to the demonstrated competency of the applicant in the area of specialization for which the Special license is being sought.									
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

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

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