



Ministry of Education, Youth, Sports and Culture

APPLICATION FOR RENEWAL OF FULL LICENCE

FOR OFFICIAL USE	A. BIOGRAPHICAL DATA				
PRELIMINARY REVIEW by DEC: <input type="checkbox"/> Signed Application Form <input type="checkbox"/> Copy of FULL License <input type="checkbox"/> Authenticated copy of Highest Academic and/or Professional Qualifications <input type="checkbox"/> Copy of Certificates with approved CPD Hours <input type="checkbox"/> Copy of Official ID (Social Security Card) <input type="checkbox"/> Copy of Marriage Certificate or Divorce Decree (if applicable) Signature: <hr/> DEC MANAGER Date: <hr/> FINAL REVIEW by TAS: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comments: <hr/> <hr/> Signature: <hr/> CHIEF EDUCATION OFFICER Date: <hr/>	1. Name of Applicant				
	(Mr./Mrs./Miss)		Last Name	First Name	Middle Name
	2. Date of Birth		____/____/____ (dd/mm/yyyy)	3. Social Security #: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	4. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			Maiden Name (if applicable) _____
	6. Email Address				
	7. Contact Number(s)				
			School	Home	Cell
	8. Home Address				
			No. & Street	Village/Town/City	District
	B. EDUCATION, TRAINING & LICENSURE				
9. Highest Academic and/or Professional Qualifications (begin with the most recent)					
		Degree/Certification	Name of Institution	Year	
10. Particulars of FULL Licence					
		Number	Level	Date of Issue	
			Date of Issue	Date of Expiry	
C. EMPLOYMENT RECORD					
11. Current School					
		Managing Authority	Name of School	District	
12. Employment History (list the last five (5) academic years – begin with the most recent)					
Year	Managing Authority	School	Teaching Assignment (Class & Subject, if applicable)		
D. CERTIFICATION/SIGNATURE					
I, _____ (name of applicant), hereby certify that the information provided in Sections A-C is true and correct. I understand that my licence may be suspended or revoked should the information be false or incomplete.					
		Signature of Applicant	Date		