



SCHOOL \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

YEARS EXPERIENCE: \_\_\_\_\_ DATE OF APPOINTMENT: \_\_\_\_\_

**ACADEMIC QUALIFICATIONS**

Examining Body (CXC, Cambridge: London etc)	Subjects	Year	Level Obtained	Grades

UNIVERSITIES ATTENDED: \_\_\_\_\_

PROGRAMME FOLLOWED: \_\_\_\_\_

DEGREE OBTAINED: \_\_\_\_\_ DATE: \_\_\_\_\_

Other Training successfully completed \_\_\_\_\_

\_\_\_\_\_

**SECTION B**

- (a) I hereby certify that all statements on this application are correct and complete.  
 (b) I understand that otherwise my application may be rescinded.  
 (c) I will be available at the required time of classes.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_