ERDISTON TEACHERS' TRAINING COLLEGE
BARBADOS, WI
TELEPHONE: 429-3620

APPLICATION FORM

☐ **CERTIFICATE PROGRAMME FOR IN-SERVICE TEACHERS OF EARLY CHILDHOOD EDUCATION CARE AND DEVELOPMENT**

☐ **CERTIFICATE PROGRAMME FOR IN-SERVICE TEACHERS OF SPECIAL NEEDS EDUCATION**

☐ **CERTIFICATE PROGRAMME FOR TEACHERS OF PHYSICAL EDUCATION**

INSTRUCTIONS

1. Please place in a (✓)tick in the box to indicate the programme for which you are applying.
2. Return your form to AThe Principal, Erdiston College, Pine Hill, St Michael by **Friday, 06 May 2016.**
3.
4. The form must be accompanied by:
   a. One (1) copy of certificates and diplomas.
   b. One (1) copy of Birth, Baptism, Marriage Certificate
   c. **Two (2)** passport-sized photographs.

Application forms not properly completed or not accompanied by relevant documents will NOT be considered.

SECTION A

PERSONAL DATA

NAMES: _____

FIRST *MIDDLE* *LAST*

DATE OF BIRTH :_____PLACE OF BIRTH:_____

NATIONAL REGISTRATION # _____ N.I.S # _____

NATIONALITY:_____SEX:_____

MARITAL STATUS:_____MAIDEN NAME (if applicable):_____

HOME ADDRESS:_____

_____TELEPHONE #:_____

PTO

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(b) I understand that otherwise my application may be rescinded.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: _____