



The Government of the Republic of Trinidad and Tobago  
**MINISTRY OF EDUCATION**

APPLICATION FORM FOR ENTRY OF NAME IN THE  
TEACHERS' REGISTER  
(Please write in BLOCK CAPITALS or type information needed)

FOR OFFICIAL USE ONLY	
REGISTRATION NUMBER.....	
REGISTRATION DATE.....	
RECEIPT//.....	DATE.....
BIRTH CERT//.....	DATE.....
MARRIAGE CERT//.....	DATE.....
DEED POLL//.....	DATE.....
AFFIDAVIT//.....	DATE.....

1. NAME

.....	.....	.....	(Miss/Mrs./Mr.)
(Surname)	(First Name)	(Other Names)	(Circle)

2. HOME ADDRESS: .....

3. DATE OF BIRTH: .....

4. PLACE OF BIRTH: ..... (DD/MM/YY)

5. NATIONALITY: .....

6. WHERE EDUCATED AT SECONDARY LEVEL: .....

7. DETAILS OF QUALIFICATIONS AND GRADES OBTAINED:	YEAR OF EXAMS
	DATE: .....
	DATE: .....
	DATE: .....
	DATE: .....

8. Have you ever been refused permission to register as a Teacher or have had your name removed from the Teachers' Register?  
.....

9. NAMES OF THE WRITERS OF YOUR TESTIMONIALS:			
<u>Name</u>	<u>School</u>	<u>Post</u>	<u>Teachers' Reg. No.</u>
.....	.....	.....	.....
.....	.....	.....	.....

10. WERE YOU EMPLOYED AS A TEACHER ON/BEFORE THE 27TH AUGUST 1966? .....

IF SO, GIVE NAME OF THE SCHOOL: .....

11. DATE OF APPLICATION: .....

12. TELEPHONE NUMBER: .....

I acknowledge receipt of all my original documents. Name (block letters) .....

Signature .....

NB: ENTRY OF NAME ON THE TEACHERS' REGISTER DOES NOT ENTITLE A PERSON TO ANY APPOINTMENT IN THE TEACHING SERVICE.