(SBS 2019/1) APPLICATION FORM

(FOR Use by applicants serving in board schools) for appointment to any advertised senior vacancy except the Headship of GRADES A AND B of Nursery, Primary, Secondary (non-board) and Practical Instruction Centres.

Application forms for Senior Promotions must be accompanied by certified copies of all certificates of the applicant

PLEASE ANSWER EACH QUESTION CAREFULLY IN BLOCK CAPITALS

1. POST APPLIED FOR (If applying for Head of Department, state the name of the Dept)	2. NAME OF SCHOOL IN FULL (name of school applied for)	3. GRADE	4. EDUCATION DISTRICT

5. NAME OF APPLICANT IN FULL			6. SEX	7. DATE OF BIRTH		
SURNAME	FIRST NAME	MIDDLE NAME	Male: ……. Female: …….	YYYY	MM	DD
……	……	……		……	……	……

8. HOME ADDRESS IN FULL	9. TELEPHONE NOS. Home: School: Cell:

10. SUBSTANTIVE STATUS Indicate Grad or Non-Grad	11. NAME OF PRESENT SCHOOL IN FULL	12. GRADE	13. EDUCATION DISTRICT	14. POSTAL ADDRESS OF PRESENT SCHOOL

15. SUBSTANTIVE (NOT ACTING) POSTS HELD DURING THE LAST EIGHT (8) YEARS **(Indicate whether University Graduate or Non-Graduate)**

YEAR	POST	NAME OF SCHOOL	GRADE	EDN DISTRICT	CLASSES TAUGHT	SUBJECTS TAUGHT
2011/2012						
2012/2013						
2013/2014						
2014/2015						
2015/2016						
2016/2017						
2017/2018						
2018/2019						

16 (a). Are you on secondment? Yes …… No …… 16 (b) Are you attending UG classes? Yes…… No ……..

17. TOTAL TEACHING EXPERIENCE as an Untrained Graduate/TQM I (See 21 (below)): From (Year) …… To (Year) …… Total Years = ……

18. TOTAL TEACHING EXPERIENCE after attaining trained status (See 22 & 23 (below)): From (Year) …… To (Year) …… Total Years = ……

19. TEACHING EXPERIENCE IN HINTERLAND &/OR DEEP RIVERAIN AREAS (Count from 2011/2012 Onwards).

YEAR	POST	NAME OF SCHOOL	GRADE	EDN DISTRICT	CLASSES TAUGHT	SUBJECTS TAUGHT
2011/2012						
2012/2013						
2013/2014						
2014/2015						
2015/2016						
2016/2017						
2017/2018						
2018/2019						

20. BREAK(S) IN SERVICE: **N.B.: Do NOT leave blank. If not applicable, put NIL in EACH space in EACH line.**

1. From (Date) …… To (Date) …… Were you dismissed? …… Was acceptance of resignation received from TSC? ……

2. From (Date) …… To (Date) …… Were you dismissed? ……

21. QUALIFICATIONS USED TO BECOME AN UNTRAINED GRADUATE (See No. 17 (above))

Name of University	Major Subject	Minor Subject	Year Graduated	Qualification Received
……	……	……	……	……

22. Professional Training at Teachers College as FIRST Professional Training in Education (See 18 (above)):

Level: Nursery/Primary/Secondary	Major Subject	Minor Subject	Year Graduated	Qualification Received
……	……	……	……	……

23. If not trained at Teachers College, Professional Training at University as FIRST Professional training in Education (See 18 (above):

Name of University	Major Subject	Minor Subject	Year Graduated	Qualification Received
……	……	……	……	……

24. ADDITIONAL QUALIFICATIONS (e.g., Cert. Ed; Dip. Agri. (GSA); Cert. in Art (BSA); Tech. Certs. Parts 2 & 3 (GTEE); Dip. In Tech. (UG); Cadet Scheme Cert. (Min. of Ed.); CAT/AAT; IAAF Cert. Levels 1 & 2; Edn Mang. Cert. (Min. of Ed); obtained AFTER first Training in Education

Name of Institution	Major Subject	Minor Subject	From (Month & Year)	To (Month & Year)	Year Graduated	Qualification Received
……	……	……	……	……	……	……
……	……	……	……	……	……	……
……	……	……	……	……	……	……

25. ANNUAL CONFIDENTIAL REPORTS (ACRs) OVER THE LAST THREE (3) YEARS **N.B.: A = 5 Points; B = 3 Points; C = 2 Points; Lower = 0 Point.**

Year	School in which Tr Worked	Grade of School	Edn Dist	ACR Grade Awarded	No. of Points (See above)	Signature of HM	Date
2016	……	……	……	……	……	……	……
2017	……	……	……	……	……	……	……
2018	……	……	……	……	……	……	……

Total ACR Points = …… Average ACR Points = …… …… ……

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Eligible ☐
Not Eligible ☐ Reason (If Applicant is Not Eligible): ……

Total Points: …… Preference No. …… Comments: ……

26. **LIST OF ALL POSTS IN SCHOOLS AND PRACTICAL INSTRUCTION CENTRES APPLIED FOR** (Set out in the SAME Order of Preference on **ALL** applications)

Order if Preference	POST	SCHOOL	GRADE	EDUCATION DISTRICT
1st				
2nd				
3rd				
4th				
5th				
6th				
7th				
8th				
9th				
10th				

27. DO YOU HAVE ANY PHYSICAL DISABILITIES? YES ☐ NO ☐

IF YES, PLEASE STATE _____

_____

28. CERTIFICATE OF APPLICANT:

I hereby certify that to the best of my knowledge and belief all the information provided is true and correct and made in good faith.

_____ _____ _____ _____ _____

Signature of Applicant | Date | Signature Headmaster/Headmistress | Date | HM's Official Stamp

_____ _____ _____

Countersigned by Level Education Officer | Date | Level Education Officer's Official Stamp

N.B.: 1. Applications **(from teachers serving in Board Schools**) for any advertised Senior Vacancy **except** the Headship of Nursery, Primary, Secondary (Non-Board) and Practical Instruction Centres, in 2019, must be made in duplicate using the prescribed form **(SBS 2019/1)**. The ORIGINAL must be sent through the normal official channel of communication and the copy, clearly marked **C O P Y** must, after being countersigned by the Head as at Items Nos. 25 and 28, be dispatched to the Secretary, Teaching Service Commission, 22 Brickdam & Sendall Place, Stabroek, Georgetown for delivery by noon of **March 15, 2019.**

2. Teachers who wish to apply for more than one advertised position **MUST** submit a separate application (in duplicate) for each, on the relevant Application Form.

FORMS INADEQUATELY COMPLETED WILL BE REJECTED

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29. **COMMENTS OF HEADMASTER/HEADMISTRESS on the ORIGINAL only (COMPULSORY AND CONFIDENTIAL)** **RECOMMENDED** **REASON(S)**

Yes……

No…… _____

_____ _____

Signature of Headmaster/Headmistress | Date

30. **COMMENTS OF SCHOOL BOARD: on the ORGINAL only (COMPULSORY AND CONFIDENTIAL)** **RECOMMENDED** **REASON(S)**

Yes……

No…….. _____

_____ _____

Signature of Chairperson, School Board | Date | Official Stamp

31. **COMMENTS OF LEVEL EDUCATION OFFICER on the ORIGINAL only (COMPULSORY AND CONFIDENTIAL)** **RECOMMENDED** **REASON(S)**

Yes …….

No……... _____

_____ _____

Signature of LEVEL EDUCATION OFFICER | Date

32. **COMMENTS OF REdO/PEO on the ORIGINAL only (COMPULSORY AND CONFIDENTIAL)**

_____ _____

Signature of REdO/PEO | Date | Official Stamp

33. **COMMENTS OF SCHOOL BOARDS SECRETARIAT: on the ORIGINAL only**

_____ _____

Signature of Coordinator, School Boards Secretariat | Date | Official Stamp

34. **COMMENTS OF CENTRAL MINISTRY OFFICER(S) with Signature, designation, date and official stamp) on the ORIGINAL only.**

_____ _____

Signature | Date | Official Stamp