

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 of Preference	Post	School	Grade	Edn District
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				
7 th				
8 th				
9 th				
10 th				

27. DO YOU HAVE ANY PHYSICAL DISABILITIES? YES NO

IF YES, PLEASE STATE _____

28. CERTIFICATE OF APPLICANT:

I hereby certify that ALL the information requested overpage and above has been provided hereon, and 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 of Headmaster/mistress _____ 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 the Headship of Nursery, Primary, Secondary (Non- Board) and Practical Instruction Centres, in 2019, must be made in duplicate using the prescribed form (SBS 2020). 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. 25 and 27 be dispatched to the Secretary, Teaching Service Commission, 22 Brickdam & Sendall Place, Stabroek, Georgetown for delivery by Friday 20, March, 2020.

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

FOR OFFICIAL USE ONLY

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

Yes.....

No.....

Signature of Headmaster/mistress _____ Date _____ Official Stamp _____

30. COMMENTS OF SCHOOL BOARD: on the ORIGINAL 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)

Signature _____ Date _____ Official Stamp _____