THE KINGDOM OF LESOTHO
MINISTRY OF EDUCATION AND TRAINING

DETAILS FORM FOR TEACHER ASSISTANTS

DISTRICT.....

SCHOOL..... **REG. NO.** .....

NAME AND SURNAME	EMPLOYMENT NO.	DATE OF BIRTH	DATE EMPLOYED	HIGHEST QUALIFICATION	DATE OF QUALIFICATION

PRINCIPAL.....

CHAIRPERSON OF THE BOARD..... **DATE STAMP**.....

N.B: Haeba Matichere a mangata ho feta mona, fetolela kapa sebelisa pampiri e 'ngoe o sehelle mela a tšoanang le e tafoleng eka holimo ebe o e qhoaella ho ena.