



SCHEDULE 1

Regulation 3 (1)

APPLICATION FOR REGISTERING WITH THE TEACHING SERVICE

Send the completed form to the Chief Education Officer, Teaching Service, Private Bag A94, Maseru 100. Attach a medical certificate in the envelope provided, and sealed by the Doctor, also copies of all certificates certified by a Commissioner for Oaths, and a certified copy of your identity documents. Complete all sections in CAPITAL or typewriting.

NOTE: If any documents are unavailable you must declare the qualifications with the note "DOCUMENTS TO FOLLOW." Qualifications existing at the time of registration but not declared at that time will not be accepted later.

Section A: Personal Details

Surname: _____

First Name(s): _____

Maiden Name (if any): _____

Date of Birth (D/M/Y): _____

Place & Country of Birth: _____

Sex (M/F): _____

Marital Status: _____

Citizenship (Country): _____

Mailing Address: _____

Section B: Qualifications (Secondary education onwards in chronological order)

Certificate Awarded	Year of Award	Grade of Pass	Medium of Instruction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section C: Short Term Courses Attended

Course	Duration	Institution	Year of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section D: Record of Service (certified copies of records of service obtained from State authority must be provided)

School	District/ Country	Position	From (M/Y)	To (M/Y)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Section E: Teaching Subjects

Subjects: _____

Extra curriculum Activities: _____

Section F: Other Details

Have you ever been suspended from duty? YES/NO (circle appr.)
If YES give reasons on a separate sheet.

Have you ever been dismissed from a post? YES/NO (circle appr.)
If YES give reasons on a separate sheet.

Have you ever been convicted of a criminal offence? YES/NO (circle appr.)
If YES give reasons on a separate sheet.

Section G: Referees

Name	Position	Address
1. _____	_____	_____
2. _____	_____	_____

Declaration by Applicant

I certify that all the information supplied in this Application Form is correct and that I have been aware that certificates referred to. I attach with this application _____ (number) certified copies of certificates and testimonials.

Signed: _____ Name (print): _____

Date: _____

For official use:

Date received: _____

- I recommend registration under Section 35 of the Act
- I recommend registration under Section 37 of the Act
- I recommend rejection on the following grounds: _____

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- Delete those which do not apply

Signed: _____

Director – TSD

Date Stamp: