

REGISTRATION AS A TEACHER

This form may take you about 10 minutes to fill in.
You will need the following information to fill in the form:

- NRIC number/Passport number
- Academic qualifications
- Previous employment details

Director-General of Education
Ministry of Education
Singapore

I hereby forward an application for the following person to teach in the school as indicated in **Section 1** below:-

Section 1: School Particulars

1 Name of School	2 School Email Address	
3 Address of School Singapore Postal Code ()	4 Tel No.	5 Fax No.

Section 2: Teacher's Particulars

6 Name (Dr/ Mr/ Miss/ Mdm/ Mrs)		7 NRIC/ Passport No.	8 Country of Issue
9 Residential Address Singapore Postal Code ()		10 Tel No.	11 Handphone/ Pager No.
12 Date of Birth	13 Place of Birth	14 Sex	15 Citizenship
16 Current Occupation & Place of Employment			17 S'pore PR? [] Yes * [] No

Section 3: Education Particulars in Chronological Order **

18 Year of Attainment	19 Qualification Attained	20 Name of School/ College/ University Attended	21 Country

Section 4: Previous and Present Employment in Chronological Order **

22 Period of Employment		23 Name and Address of Employer	24 Position Held
From	To		

* (Mark 'X' where appropriate)

** (Please attach additional sheets if spaces provided are insufficient)

Section 5: Courses/ Subjects to be Taught **

	25 Course/ Subject	26 Level(s)		25 Course/ Subject	26 Level(s)
1			4		
2			5		
3			6		

27 I attach copies of these documents: *

- NRIC (Singapore Citizen/PR) or Passport (Foreigner)
- Educational Certificates (Secondary Level and Above)
- Previous MOE Approval(s) to Teach
- Reference Letters from Past Employers
- Others (to specify)

Section 6: Declaration by Teacher

28 I declare that:-

1. I am a person of good character and have never been convicted of an offence punishable with imprisonment
2. I have never previously been refused registration as a teacher or having been so registered had my registration cancelled

The contents of this application are true to the best of my knowledge, information and belief

Signature of Teacher _____ Date _____

Section 7: Signature of Supervisor

29 I confirm that:-

1. The above information has been verified and all documents forwarded herein are certified true copies
2. The applicant has been certified medically fit by a registered doctor.

Signature of Supervisor _____ Date _____

Name of Supervisor _____

* (Mark 'X' where appropriate)

** (Please attach additional sheets if spaces provided are insufficient)

The duly completed forms together with the relevant documents are to be submitted to the MOE via dispatch or postal mail