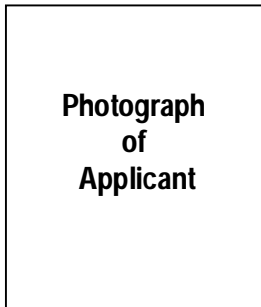


EDUCATION (REGISTRATION OF TEACHERS) REGULATIONS, 2004
(regulation 4)

APPLICATION FOR REGISTRATION AS A TEACHER

To Registrar General of Educational Institutions and Teachers
Ministry of Education
Negara Brunei Darussalam.



Sir,

- 1. I herewith submit particulars of myself as under and request you to register me as a teacher.
- 2. Enclosed herewith –
 - a. 3 copies of application forms
 - b. 3 copies of my photograph with the signature of the principal or headmaster at the back.

c. An application fee of \$ 100.00 in –

Cash

Cheque no.:

Bank:

(Name of bank)

.....
(Signature of applicant)
(Date)

Full name:

Identity Card no.: Colour :

Passport no.:

PART I

PARTICULARS OF APPLICANT (to be completed by applicant)

1. Personal particulars :
 - (a) Name in full:
 - (b) Date of birth:
 - (c) Place of birth:
 - (d) Sex:
 - (e) Religion:
 - (f) Nationality:
 - (g) Race:
 - (h) Marital status:
 - (i) Number of children:

2. Identity Card :
 - (a) Brunei Identity Card no.: Colour :
 - (b) Other identity card (if any):

3. Passport :
 - (a) Passport no.:
 - (b) Date of issue:
 - (c) Date of expiry:
 - (d) Place of issue:

4. Spouse :
 - (a) Name :
 - (b) Passport no.: Identity Card no.:
 - (c) Nationality:
 - (d) Occupation:

**SECOND SCHEDULE
(FORM B)**

5. Father's name in full :
6. Date of first entry to Brunei Darussalam :
7. (a) Home address in Brunei Darussalam :
-
-
- (b) Home address in the country of domicile:
-
-

8. Particulars of academic qualification :

| No. | Qualification | Name and address of educational institution | Duration of Course | Year Obtained |
|-----|---------------|---|--------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

9. Particulars of professional qualification:

| No. | Qualification | Name and address of educational institution | Duration of Course | Year Obtained |
|-----|---------------|---|--------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**SECOND SCHEDULE
(FORM B)**

10. Particulars of other qualifications, if any:

| No. | Qualification | Name and address of educational institution | Duration of Course | Year Obtained |
|-----|---------------|---|--------------------|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

11. Details of all employment (educational and non-educational) :

| No. | Name and address of educational institution and other employment | Nature of employment | Date | |
|-----|--|----------------------|------|-------|
| | | | From | Until |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | | | |
|--|--------------------|--|--|--|
| | Present employment | | | |
|--|--------------------|--|--|--|

16. References (Two references as to the character of the applicant by persons who have known the applicant personally for the more than 2 years) :

| No. | Name and address of referees whose letters of commendations are attached | Occupation | Period during which referees have known applicant personally |
|-----|--|------------|--|
| | | | |
| | | | |

17. * * I attach a medical certificate as required by regulation 4(1)(e) of the Education (Registration of Teachers) Regulations, 2004 signed by
(Name of doctor)

a Government medical practitioner in
(Name of town in Brunei Darussalam)

.....
(Date)

.....
(Signature of applicant)

PART II
DECLARATION

(To be completed by the head teacher / principal of the educational institution at which applicant is to be employed)

18. The applicant has been / shall be engaged to teach * in

.....
.....
(Name and address of educational institution)

with effect from

.....
(Date)

19. The salary to be offered per month is B\$

.....
(Signature and stamp of head teacher / principal)

.....
(Date)

Name:

Identity Card no.: Colour:.....

Passport no.:

PART III

FOR OFFICIAL USE ONLY

20. Decision of the Registrar General

Approved

[a] Permit no.:

[b] Date of issue : Expiry date :

[c] Certificate of Registration no.:

[d] Date:

[e] Subjects approved

[i] [iv]

[ii] [v]

[iii] [vi]

[f] Medium of instruction:

[g] Educational Institution:
(Name and address of educational institution)

.....
.....
.....

Not Approved

.....
(Signature and stamp of Registrar General)

.....
(Date)

* Delete where not applicable

** If applicant is not a citizen of Brunei Darussalam, this section must be completed on arrival in Brunei Darussalam.