

**(SBS 2020/2 ) APPLICATION FORM**

**(FOR Use by applicants serving in Board and Non-Board schools) for appointment to the headship of GRADES A / Sixth form Secondary schools and any other Post secondary Institutions**

**PLEASE ANSWER EACH QUESTION CAREFULLY IN BLOCK CAPITALS**

<b>1. POST APPLIED FOR</b> <b>Headmaster/Headmistress</b>	<b>2. NAME OF SCHOOL IN FULL</b> (name of school applied for)	<b>3. GRADE</b>	<b>4. EDUCATION DISTRICT</b>
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<b>5. NAME OF APPLICANT IN FULL</b> <u>SURNAME</u> <u>FIRST NAME</u> <u>MIDDLE NAME</u>	<b>6. SEX</b> Male: ..... Female: .....	<b>7. DATE OF BIRTH</b> YYYY    MM    DD .....    .....
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<b>8. HOME ADDRESS IN FULL</b>	<b>9. TELEPHONE NOS.</b> Home: ..... School: ..... Cell: .....
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<b>10. SUBSTANTIVE STATUS</b> Indicate Grad or Non-Grad	<b>11. NAME OF PRESENT SCHOOL IN FULL</b>	<b>12. GRADE</b>	<b>13. EDUCATION DISTRICT</b>	<b>14. POSTAL ADDRESS OF PRESENT SCHOOL</b>
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**15. SUBSTANTIVE (NOT ACTING) POSTS HELD DURING THE LAST EIGHT (8) YEARS** (Indicate whether University Graduate or Non-Graduate)

YEAR	POST	NAME OF SCHOOL	GRADE	EDN DISTRICT	CLASSES TAUGHT	SUBJECTS TAUGHT
2012/2013						
2013/2014						
2014/2015						
2015/2016						
2016/2017						
2017/2018						
2018/2019						
2019/2020						

16. (a) Are you on secondment? Yes ..... No .....    16 (b) Are you attending UG classes? Yes ..... No .....

17. **TOTAL TEACHING EXPERIENCE** as an Untrained University Graduate / TQM I (See 21 (below)): From (Year) ..... To (Year) ..... Total Years = .....

18. **TOTAL TEACHING EXPERIENCE** after attaining trained status (See 22 & 23 (below)): From (Year) ..... To (Year) ..... Total Years = .....

19. **TEACHING EXPERIENCE IN HINTERLAND &/OR DEEP RIVERAIN AREAS** (Count from 2010/2011 Onwards)

YEAR	POST	NAME OF SCHOOL	GRADE	EDN DISTRICT	CLASSES TAUGHT	SUBJECTS TAUGHT
2012/2013						
2013/2014						
2014/2015						
2015/2016						
2016/2017						
2017/2018						
2018/2019						
2019/2020						

20. **BREAK(S) IN SERVICE:** **N.B.: Do NOT leave blank. If not applicable, put NIL in EACH space in EACH line.**

1. From (Date) ..... To (Date) ..... Were you dismissed? ..... Was acceptance of resignation received from TSC? .....

2. From (Date) ..... To (Date) ..... Were you dismissed? .....

21. **QUALIFICATIONS USED TO BECOME AN UNTRAINED GRADUATE** (See No. 17 (above))

Name of University	Major Subject	Minor Subject	Year Graduated	Qualification Received
.....	.....	.....	.....	.....

22. **Professional Training at Teachers College as FIRST Professional Training in Education** (See No. 18 (above)):

Level: Nursery/Primary/Secondary	Major Subject	Minor Subject	Year Graduated	Qualification Received
.....	.....	.....	.....	.....

23. **If not trained at Teachers College, Professional Training at University as FIRST Professional training in Education** (See No. 18 (above)):

Name of University	Major Subject	Minor Subject	Year Graduated	Qualification Received
.....	.....	.....	.....	.....

24. **ADDITIONAL QUALIFICATIONS** (e.g., Cert. Ed.; Dip. Agri. (GSA); Cert in Art (BSA); Tech. Cert. Parts 2 & 3 (GTEE); Dip. In Tech. (UG); Cadet Scheme Cert. (Min. of Ed.); CAT/AAT; IAAF Cert. Levels 1 & 2; Edn. Man. Cert. (Min of Ed.); obtained AFTER first Training in Education

Name of Institution	Major Subject	Minor Subject	From (Month & Year)	To (Month & Year)	Year Graduated	Qualification Received
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

25. **ANNUAL CONFIDENTIAL REPORTS (ACRs) OVER THE LAST THREE (3) YEARS** **N.B.: A = 5 Points; B = 3 Points; C = 2 Points; Lower = 0 Point.**

Year	School in which Tr Worked	Grade of School	Edn District	ACR Grade Awarded	No. of Points (See above)	Signature of Education Officer	Date
2017	.....	.....	.....	.....	.....	.....	.....
2018	.....	.....	.....	.....	.....	.....	.....
2019	.....	.....	.....	.....	.....	.....	.....

Total ACR Points = ..... Average ACR Points = .....  
Signature of Level Education Officer    Official Stamp

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Eligible  Not Eligible  Reason (If Applicant is Not Eligible): .....

Total Points: ..... Preference No. .... Comments: .....

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 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				
6 <sup>th</sup>				
7 <sup>th</sup>				
8 <sup>th</sup>				

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 and Non- Board Schools) for the Headship of, Grades A/ Sixth form Secondary and Post Secondary institutions, in 2020, 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 Coordinator, School Board Secretariat, 21 Birckdam 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**

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<u>29. COMMENTS OF HEADMASTER/HEADMISTRESS:</u> <b>on the ORIGINAL only (COMPULSORY AND CONFIDENTIAL)</b>	<b>RECOMMENDED</b>	<b>REASON(S)</b>
	Yes.....	
	No.....	_____
_____ Signature of Headmaster/mistress	_____ Date	_____ Official Stamp

<u>30. COMMENTS OF SCHOOL BOARD:</u> <b>on the ORIGINAL only (COMPULSORY AND CONFIDENTIAL)</b>	<b>RECOMMENDED</b>	<b>REASON(S)</b>
	Yes.....	
	No.....	_____
_____ Signature of Chairperson, School Board	_____ Date	_____ Official Stamp

<u>31. COMMENTS OF LEVEL EDUCATION OFFICER</u> <b>on the ORIGINAL only (COMPULSORY AND CONFIDENTIAL)</b>	<b>RECOMMENDED</b>	<b>REASON(S)</b>
	Yes .....	
	No.....	_____
_____ Signature of LEVEL EDUCATION OFFICER	_____ Date	

<u>32. COMMENTS OF REdO/PEO</u> <b>on the ORIGINAL only (COMPULSORY AND CONFIDENTIAL)</b>		
_____ Signature of REdO/PEO	_____ Date	_____ Official Stamp

<u>33. COMMENTS OF SCHOOL BOARDS SECRETARIAT:</u> <b>on the ORIGINAL only</b>		
_____ Signature of Coordinator, School Boards Secretariat	_____ Date	_____ Official Stamp

<u>34. COMMENTS OF CENTRAL MINISTRY OFFICER(S) with Signature, designation, date and official stamp)</u>		
_____ Signature	_____ Date	_____ Official Stamp