**Class connect Education**

**Email:**

**Website**

**Tel:**

**Teacher Registration form**

First Name Middle Name Last/Surname

Date of birth: Date/Month/Year Place of birth:

Email: Contact Telephone Number:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Name of institution | Full address of institution including Telephone number | Start | End | Qualification achieved | Grades |
| Secondary  |  |  |  |  |  |  |
| High School  |  |  |  |  |  |  |
| Undergraduate university |  |  |  |  |  |  |
| Postgraduate |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | Employment history |
| Workplace | Address | Start date | End date | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

References

Provide the names of 2 referees. One must be professional and knows your teaching competence.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name** | **Email** | **Telephone number** | **Relationship** |
| **Reference 1** |  |  |  |  |
| **Reference 2** |  |  |  |  |

**Declaration**

**I can confirm that all the information provided is accurate.**

**Date: Signature:**