



**APPLICATION FOR LICENCE TO TEACH**

**FULL NAME:** .....  
 (Surname in **BLOCK CAPITALS**)

(In case of woman who is married or has been married) **MAIDEN NAME:** .....

**ADDRESS:** ..... **DATE OF BIRTH:** .....

**NATIONALITY:** ..... **QUALIFICATION:** .....

Diploma, Certificate or Degree	Details of Diploma, Certificate	Date of Exam or Award	Duration of Course	Institution at which obtained	Remarks

Details of any teaching service (please attach extra sheet if required):

I hereby apply for a Licence to Teach in accordance with Section 29 of the Cayman Islands Education Law, 1983 and certify that the information stated above is correct.

I have not, within the last six months, been refused a Licence to Teach.

**Signature:** ..... **Date:** .....

**Name of School:** ..... **Signature of Principal:** .....

**Address of School:** .....

**This form must be accompanied by:**

- a) Certified copy of Birth Certificate
- b) Documentary evidence of qualifications
- c) Two recent character references by Justice of the Peace, Minister of Religion or former employer on letterhead that establishes status of referee
- d) Medical certificate stating freedom from any medical defect or deformity likely to interfere with the practice of teaching
- e) Police Record from country of residence
- f) One passport photograph

**FOR OFFICIAL USE ONLY**

Date of Meeting: ..... Effective Date of Licence: .....

(If refused) Reason for Refusal: .....

Remarks: .....

Signature: ..... Date: .....

Chief Education Officer