

To be submitted in triplicate by the Applicant\*

Form	PV	VTS	1

## MINISTRY OF BASIC EDUCATION

Application teach at a Pr			Education Act	from the	e Ministry	y of Basic E	ducation for the	employment of a per
							_	
Level of app	olication: l	Early Childhoo	od Education		Prima	ary	Secondary	(Tick applicable)
Names of ap	oplicate: S	urname:						
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_		-						
-	•							
_			must be comp					
	-							
	-							
Dates From	То		Name of Sc	hool	School	's Address		d Grade of tes obtained
UNIVERSI	TY AND	PROFESSIO	ONAL TRAIN	ING				
		D 4		1		T		1
Fre		<u>Dates</u>	To	     	sity or	Course	Degree, Diploma	Date
Month	Year	Month	Year	Institu		taken	or Qual. obtained	obtained

## TEACHING EMPLOYMENT RECORD

Dates Fro	m	п	`o				T	
Month	m Year	Month	Year	Employer	School	Position Held	Reasons for leaving	
HEALTH	[							
ı) Do you	suffer fi	om any bo	dily injur	y or defect? Yes/	No. If answer is ye	es, give particulars	:	
ii) Have v	vou suffe	red from a	v serious	s illness? Yes/No	. If answer is yes, g	oive particulars		
		11 OIII di			. 11 answer is yes, g			
CHARA	TFD							
Iave you elow:	ever bee	n convicted	d of a crir	minal offence in	Botswana or elsewl	here? Yes/No. If a	nswer is yes give fu	
				D		C 4	fOl	
Date	Of	fence		Description and place of Court			Sentence of Order of Court	
	•						ix a recent passport oto on one form:	
Address (	of last Sc	hool Empl	oyed at:			pho	nto on one form.	
f you hav	e receive	ed permissi	on previo	usly to teach at a	school in Botswan	a give:		
(	a) Name	of School:.						
(	b) Date o	of Permissio	on:					
S	igned:					Date:		
				FOR O	FFICIAL USE ONI	LY		
NOT PERM	MITTED T	ГО ТЕАСН	IN BOTS	WANA:				
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ate :		•••••						

For/Permanent Secretary Ministry of Education