



ANGLICAN CHURCH IN THE DIOCESE OF TRINIDAD AND TOBAGO

**ANGLICAN EDUCATION BOARD OF MANAGEMENT**

APPLICATION FOR A TEACHING POST IN AN ANGLICAN PRIMARY SCHOOL

1. SURNAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
2. CHRISTIAN NAME(S): \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_
3. ADDRESS: \_\_\_\_\_ TEL NO: \_\_\_\_\_  
\_\_\_\_\_
4. EMAIL ADDRESS \_\_\_\_\_
5. NEXT OF KIN & ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
6. NAME OF CHURCH WHICH YOU **REGULARLY** ATTEND: \_\_\_\_\_
7. ARE YOU A COMMUNICANT? YES/NO WEEKLY/MONTHLY/QUARTERLY  
(Please provide evidence of your confirmation)
8. PLEASE STATE YOUR INVOLVEMENT IN MINISTRY IN YOUR PARISH  
**on a separate sheet to be endorsed by Clergy in charge or Rector's/People's Warden**
9. SCHOOLS ATTENDED: (Primary & Secondary)  
i). \_\_\_\_\_ iii). \_\_\_\_\_  
Primary Secondary  
ii). \_\_\_\_\_ iv). \_\_\_\_\_  
Primary Secondary
10. DO YOU POSSESS THE BACHELOR IN EDUCATION (B. Ed) DEGREE? YES/NO
11. STATE UNIVERSITY ATTENDED: \_\_\_\_\_
12. OTHER QUALIFICATIONS MAY BE LISTED ON A SEPARATE SHEET
13. PRESENT OCCUPATION: \_\_\_\_\_
14. STATE YOUR TEACHER'S REGISTRATION NUMBER \_\_\_\_\_
15. PLEASE LIST ANY CHRISTIAN EDUCATION SEMINARS WHICH YOU HAVE ATTENDED

Subject	Date	Venue

16. DO YOU HAVE ANY TEACHING EXPERIENCE (e.g. Sunday school/other)?  
Give details below:

---

---

17. WHAT ARE YOUR INTERESTS AND HOBBIES? (Mention should be made of membership in community organizations etc.)

---

---

---

SIGNATURE OF APPLICANT

---

DATE OF APPLICATION

---

**TO BE COMPLETED BY THE PARISH PRIEST**

COMMENTS: \_\_\_\_\_

---

---

---

---

SIGNATURE

---

DATE

**When the applicant has completed this form, it should be forwarded together with the requirements at Items 7 and 8 and copies of all certificates, by the Parish Priest to the office of the Secretary of the Anglican Education Board of Management.**

---

DATE RECEIVED: \_\_\_\_\_ INTERVIEW DATE: \_\_\_\_\_