NYONGEZA H

THE UNITED REPUBLIC OF TANZANIA

Form No. RT.4

MINISTRY OF EDUCATION AND VOCATIONAL TRAINING

(Registration of Teachers the Education Act No. 25 of 1978)
Section 49

APPLICATION FOR REGISTRATION AND LICENSING OF TEACHERS

NOTE: This form should be completed in duplicate by the applicant and in the case of Primary School Teachers, submitted to the Commissioner through the Regional Education Officer of Region in which the teacher is to be employed.

Application for licenses for Secondary School Teachers and College Tutors should be submitted directly to the Ministry of Education and Vocational Training.

1. Surname ……
2. First Name ……
3. Nationality ……
4. Religion ……
5. Date and Place of Birth ……
6. Marital Status ……

7. **Record of Education** School/College/University attended beginning with Primary	Date/Month/Year		8. Certificate, Diploma or Degree obtained
	From	To	
(a) Primary			
(b) Secondary			
(c) College/University			

9. Professional teaching qualifications (with dates obtained)			

10. Professional Experience: Name of School/College Taught	Date/Month/Year		Subjects Taught
	From	To	

*Photocopies or certified copies of Certificates, Diplomas etc. should be attached.

11. Knowledge of Swahili: 'If not indigenous or non-citizen REO or DEO must certify in case of Primary School Teachers' and for all other teachers, certification must be made by Headmaster or Principal. (Tick whichever appropriate).	Very Good ☐ Good ☐ Poor ☐
12. Knowledge of English speaking. (If applicable) Tick whichever appropriate).	Very Good ☐ Good ☐ Poor ☐
13. Date of first arrival in Tanzania (if applicable)	

14. School in which the applicant is to be employed (applicable only to lNon-Government Schools).	
15. Standards/Forms in which the applicant will be required to teach (Standards l – lV, V – VII, or Secondary Forms l-lV, l-Vl, V-Vl or Teacher Training).	
16. Date of Application	
17. Signature of Applicant	
18. Signature of Education Secretary/Manager	

19. Recommended for license to teach in College or Standards/Forms ……

…… the following subjects …….

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Date …… ……

Regional Education Officer/Principal Headmaster

FOR OFFICIAL USE:

(a) Remarks ……

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Date ……. ……

Chief Inspector of Schools

(b) Accepted/Not Accepted ……

Date …… ……..

COMMISSIONER OF EDUCATION

(c) Registration Number …….