

MAURITIUS EDUCATIONAL DEVELOPMENT COMPANY LTD

MEDCO AGALEGA SECONDARY SCHOOL

APPLICATION FORM (Expression of Interest)

1. Post Applied For

Post Applied For	Educator at MEDCO Agalega Secondary School
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2. Subject Combination(s) Applied For

Tick	Subject Combination
<input type="checkbox"/> Combination I	English Language; French Language; Literature in French; Literature in English
<input type="checkbox"/> Combination II	Mathematics; Information and Communication Technology; FPLNS
<input type="checkbox"/> Combination III	Mathematics; Chemistry; Physics; Biology
<input type="checkbox"/> Combination IV	Art & Design; Design & Technology; Food & Textiles
<input type="checkbox"/> Combination V	Accounting; Social and Modern Studies; Business and Entrepreneurship Education
<input type="checkbox"/> Combination VI	Physical Education; FPLNS

3. Personal Details

Surname:
(in Block letters)

Other Names:
(in Block Letters)

Maiden Name (if applicable)

Title: Mr/Mrs/Miss (Delete as appropriate)

Marital Status: Single / Married

National Identity No.....

Date of Birth: Age:

Full Address:
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Tel. No. (Home) Mobile Office

4. Qualifications:

(a) School Certificate Nov/Dec

'O' Level Jan/June

Subjects

Grade

Subjects

Grade

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Checked

Checked

(b) Higher School Certificate Nov/Dec.....

‘A’ Level Jan/June

<i>Principal Level</i>	<i>Grade</i>	<i>Principal Level</i>	<i>Grade</i>
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<i>Subsidiary Level</i>	<i>Grade</i>		
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General Paper		

Checked

Checked

(c) Other qualifications (Academic, Technical, Professional)

Qualifications <i>(in case of degree whether Hons/Special, Ordinary/General)</i>	Date obtained	Examining Institution
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Checked

(d) Special/Post Graduate Qualifications

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Checked

5. Working Experience (copy of Testimonials to be submitted)

From: To: School:

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6. Present Posting:as.....

7. Subject(s) presently teaching:Level.....

8. Subject(s) authorized to teach by the PSEA and Grade(s) - (copy of Teaching License to be submitted if any)

Subject	Grade	Subject	Grade
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9. I certify that the particulars given above are correct to the best of my knowledge.

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Date

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(Signature of Applicant)

FOR OFFICE USE ONLY

Checked by:

Verified by:

Date:

