

SCHEDULE – FORM VI (SECTION 19)
APPLICATION FOR AUTHORITY TO EMPLOY
A TEACHER / INSTRUCTOR

(The Education Ordinance (1957) – The Second Schedule)

The Director
 Private Secondary Education Authority

Address of School:

Date :

A. I hereby request authority to employ
 as a GradeTeacher/Instructor on a full-time/part-time basis at
 (name of school). For period from to
 to teach the following:

SUBJECTS TO BE TAUGHT (according to the time-table)	FORMS

(Time-table to be submitted)

B. I submit particulars of him/her and request you to issue an authority to employ the above-named under Section 19 of the Education Ordinance.

C. Particulars

- 1 Name:
- (a) Surname (in block letters) :
 (State Mr, Mrs, Miss or Title)
- (b) Other names in full (block letters):
- (c) Maiden Name (where applicable):
- 2 Present Home Address:.....(Tel if any)
- 3 Sex: (4) Date of Birth:
 (Birth Certificate + Photocopy to be submitted)
- 5 Place and Country of Birth:
- 6 Nationality:
- 7 Where educated, with dates (an original and a copy of school leaving certificate must be submitted)

SCHOOLS	FROM	TO	HIGHEST CLASS/ FORM FOLLOWED

8 Educational qualifications (all original certificates together with one photocopy of each must be submitted).

8 (a) Academic Qualifications (SC, GCE 'O' Level, HSC, Degree, Diploma etc).

Year	Name of Examination	Pass Grade	Detailed Results

(b) Professional Qualifications (Diploma or Certificate in Education PGCE etc.)

Year	Certificate Awarded	Place of Study

- Note:** (i) If documents are in languages other than English and French Languages, attested translation to be submitted.
- (ii) If qualifications are from Institutions other than those recognised by the Government of Mauritius, equivalence should be submitted.

9 Previous teaching experience:

From	To	School	Registration No. if any

10 Medical and Chest X- Ray Certificates to be produced.

11 I submit herewith the Eligibility Certificate of the teacher.

Code No. Identity Card No. :

File No. (if any) :

.....
(Name of Manager)

.....
(Signature of Manager)

APPLICATION FOR PAYMENT OF GRANTS

The Director
P S E A
BEAU BASSIN

Dear Sir

I should be grateful for your approval for payment of grants towards the salary of Mr/Mrs/Miss

.....

who is being employed as Grade on a **permanent basis**

with effect from

(please specify effective date)

on a **temporary basis** from to

(please state period)

on **contract basis** from to

(please state period)

Date :

.....

Signature of Manager

- Note :**
- 1) *For a teacher employed on a **permanent basis**, grants will be paid towards his salary on a provisional basis for the first year of employment and subject to no adverse report being received during the first year of employment, grants will continue to be paid thereafter.*

 - 2) *For a teacher employed on a **temporary basis**, or on **contract basis**, grants will be paid for the period approved. A copy of the agreement/contract between the Manager and the teacher has to be submitted to the PSEA.*

/rk