



Application for registration as Manager/ Teacher/ Teacher Assistant/SEN Carer/other employees of SEN Institutions

<i>For Office Use Serial</i>					
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In accordance with section 5(b) of The Special Education Needs Authority Act 2018, I hereby apply for registration as * of a Special Education Needs (SEN) Institution.

*(*please specify post for which application for registration is being made)*

1. Particulars of Applicant

Title *	Mr	Mrs	Miss	Ms
Surname (IN BLOCK LETTERS)				
Other names				
Gender *	Male		Female	
Marital Status*	Married	Single	Other	
NIC Number (Please attach copy of NIC)				
Residential Address (Please attach documentary evidence)				
Contact Numbers	Office:			
	Home:			
	Mobile:			
Email Address				
Date of Birth				
Place of Birth				

Nationality	
Certificate No. (If Naturalised) & Date	
Current Place(s) of work	
Tax Account Number (TAN)	

**Please delete as appropriate*

2. Academic Qualifications (Please attach documentary evidence)

Examining Body	Certificate Awarded	Date/ Year

3. Professional Qualifications (Please attach documentary evidence)

Examining Body	Certificate Awarded	Date/ Year

4. Any Other Qualifications (Please attach documentary evidence)

Examining Body	Certificate Awarded	Date/ Year

5. Experience and Skills relevant to the post for which registration has been applied for (please attach documentary evidence)

6. Employment History

SN	Post held	Place of work	Name of Employer	From	To	Contribution to NPS (Yes or No)

**7. (a) Have you ever been the subject of an investigation/enquiry for any offence?
Yes/ No**

(b) If Yes, indicate nature of offence and date of outcome

**8. (a) Have you ever been prosecuted before a court of law for any offence AND
subsequently found guilty? Yes/No**

**(b) If yes, give details (court, charge, date of judgment and sentence - e.g.
imprisonment, fine, caution or conditional discharge)**

9. (a) Have you previously been refused registration for the post you have applied for or any other post in a SEN Institution? Yes/ No

(b) If yes, please give details.

10. Declaration of Applicant

I, , the undersigned applicant, declare that the particulars in this application are true and accurate and that I have not willfully suppressed any material fact.

Signature:

Date:

11. For Official Use only

The following documents have been produced in original and the copies have been checked and endorsed as true and correct copies.

SN	Documents	Produced	Remarks
1	Birth Certificate		
2	National Identity Card		
3	Medical Certificate (including Chest X-ray report)		
4	Work Permit (if any)		
5	Educational Certificates		
6	Professional Certificates		

7	Certificate of Character		
8	Civil Marriage Certificate (is applicable)		

I, , certify having verified the above information, ascertain to its correctness and recommend/ do not recommend the registration of the applicant.

Grounds for not recommending the application.

Name:	Signature:
Post held:	Date:

12. For SENA Use Only

<p>This is to certify that the above application for registration as has been approved/ not been approved by the SENA Board on itsth Board Meeting held on</p> <p>Signature of authorized officer:</p> <p>Name:</p> <p>Post:</p> <p>Date:</p>

13. For Office Use:

Certificate of Registration No.:

Issued on:

Fee paid:

Signature of authorized officer:

Name:

Post:

Date: