



MINISTRY OF EDUCATION  
YOUTH & INFORMATION



## Jamaica Teaching Council

### Master Teacher Unit

2 St. Lucia Avenue, Kingston 5

Jamaica

Tel: 922-8019

[www.jtc.gov.jm](http://www.jtc.gov.jm)

# MASTER TEACHER APPLICATION FORM

Name: \_\_\_\_\_ Dr.  Ms.  Mrs.  Mr.

School of Practice: \_\_\_\_\_

Location: \_\_\_\_\_ Region: \_\_\_\_\_

School's E-mail: \_\_\_\_\_ School Tel: \_\_\_\_\_

Applicant's Date of Birth (MM/DD/YY): \_\_\_\_\_ Years of Teaching: \_\_\_\_\_

Subject area of specialization: \_\_\_\_\_ TRN: \_\_\_\_\_

Applicant's Tel/Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Academic Qualifications: - (List the top three. Each must be supported by evidence).**

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

**Job experiences: - (List the last three. If possible, include main duties/responsibilities).**

i) \_\_\_\_\_

ii) \_\_\_\_\_

iii) \_\_\_\_\_

### BRIEF STATEMENT:

1. *Why did you choose teaching as your profession?*

2. Describe your achievements that support your application as a Master Teacher

**FOR OFFICIAL USE ONLY**

Date Application is received: \_\_\_\_\_

Received by: \_\_\_\_\_ Signature: \_\_\_\_\_

Application completed: Yes  No

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Only those applicants who are shortlisted will be contacted.**



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**Checklist (Applicant)**

Applicants are required to use the checklist when preparing their application, to ensure that he/she has included all forms and documentations that are required.

All recommendations should be presented in a sealed envelope. If documents are mailed to the office, documents/qualifications are to be certified by the school's principal or a Justice of the Peace. If the original qualifications are taken in, the photocopies will be certified by the official at the Master Teacher Unit or the Ministry of Education.

**Note: Please ensure that all required documents are submitted with your application. Incomplete application will not be processed.**

**Please complete this checklist and return with the Application Form**

**Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parish:** \_\_\_\_\_ **Area of Specialization:** \_\_\_\_\_

<b>Please Tick as Necessary</b>	<b>YES</b>	<b>DATE</b>
1. Completed Application Form	<input type="checkbox"/>	
2. Proof of qualification (Certified copy/copies)	<input type="checkbox"/>	
3. Copy of last Teacher Appraisal (signed by E.O and principal)	<input type="checkbox"/>	
4. Birth Certificate/Marriage Certificate (certified copies)	<input type="checkbox"/>	
5. Two (2) Recommendations	<input type="checkbox"/>	
6. Copy of TRN and ID (voters, passport, driver's license)	<input type="checkbox"/>	
7. Curriculum Vitae	<input type="checkbox"/>	
8. Teaching Timetable	<input type="checkbox"/>	
9. Teacher Registration Receipt	<input type="checkbox"/>	
10. One (1) Passport size photograph	<input type="checkbox"/>	

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_