

**MINISTRY OF EDUCATION
TEACHERS' LICENSE UPDATE FORM**

<p>Checklist:</p> <p><input type="checkbox"/> Social Security card</p> <p><input type="checkbox"/> Qualifications</p> <p><input type="checkbox"/> Marriage or Divorce Certificate (Where applicable)</p> <p><input type="checkbox"/> Signed Application Form</p> <p><input type="checkbox"/> In the case of a name change please indicate previous name in which licence was issued.</p>	A. Applicant's Biographical Data				
	1. Name				
			Last Name	First Name	Middle Name
	2. Marital Status		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		
	3. Date of Birth		<input type="text"/>	<input type="text"/>	<input type="text"/>
			D	M	Y
			4. GENDER		<input type="checkbox"/> Male
					<input type="checkbox"/> Female
	5. Belize Social Security No.				
	B. Home Address				
6. No. & Street					
7. Name of Village, Town or City					
8. Name of District					
9. Home Phone No.					
10. Fax No.					
11. E-mail					
C. EDUCATIONAL INFORMATION					
12. Name of Institution:					
13. Specialization or Area of Study:					
14. Highest level of Degree or Certification Obtained (Specify):					
15. Date Obtained:					
D. Level and Type of License					
16. License Number:			17. Date of Issue:		
18. Type:			19. Level:		
20. School Currently Employed:					
21. Management:					
Signature:			Date:		

For Official Use:

License Awarded: _____

Type: _____

Level: _____

Comments: _____

Application Reviewed by: _____

Date: _____

Signature: _____

Please note that this application only applies to teachers who are in possession of a FULL License.