

Form No. IN. 321

APPLICATION FOR REGISTRATION AS A TEACHER WITH THE COUNCIL OF PUBLIC EDUCATION 29166.

No. ~~29165~~ **29166** PART I.

Name ^{Mr.} ^{Mrs. (1)} ^{Miss} **KENNETH JOHN SANDILANDS.** Age **24** years
(In Full) (Surname last in BLOCK Letters)

Religious Name and Title ⁽⁶⁾ _____ Maiden Surname _____

Application for ⁽³⁾ **PRIMARY** Registration
(BLOCK Letters)

Present School ⁽²⁾ **N/A.** Telephone _____
(Location)

TEACHING EXPERIENCE

School	Position	Form or Grade	Subject	From	To
N/A.					

Experience _____ years

(4) ACADEMIC QUALIFICATIONS

Qualification	University or Institute	Length of Course in Semesters or Years	Date of Graduation
MATRICULATION	ELWOOD HIGH School.		1965.

OFFICE USE

TEACHER TRAINING

Type of Training (Primary, &c.)	Where Taken	From	To
PRIMARY	MERCER HOUSE (A.T.T.)	1967	1969

REGISTRATION COMMITTEE DECISION

REGISTER AS:
 Sub-Primary _____ Chairman
 Primary **24/11/1969** Chairman
 Junior-Secondary _____ Chairman
 Secondary _____ Chairman
 Special Subject } _____ Chairman

NOTES

- (1) Strike out whichever does not apply.
- (2) If applicable.
- (3) i.e., Sub-Primary, Primary, Junior-Secondary, Secondary, or the name of the Special Subject.
- (4) If qualification obtained under former name, please indicate.
- (5) The health and character certificate required in Part II. (see reverse side) should be given; if possible, by a previous employer, clergyman, school teacher, or Justice of the peace.
- (6) Applies only to Priests, Brothers, and Sisters of Religious Orders.

APPLICATION FOR REGISTRATION AS A TEACHER UNDER THE COUNCIL OF PUBLIC EDUCATION

PART II.

FOR OFFICE USE

Address REDACTED Telephone _____

Place of Birth REDACTED Date of Birth REDA 45

I enclose the following documents, and request that they be returned by certified mail:

BRIEF DETAILS

(a) Testimonials:

(b) Certificates:

I enclose ⁽¹⁾ Cheque No. _____ Dated _____ for \$1 Registration Fee.
Postal Order

⁽⁵⁾ CERTIFICATE OF HEALTH AND CHARACTER

I certify that I have known Kenneth J. Sandilands for a period of 3 years and that he/she⁽¹⁾ is of good moral character and of industrious habits, and that to the best of my knowledge and belief he/she⁽¹⁾ is sound in constitution, is in good health, and is suitable for the performance of the duties of a teacher.

Signature B J Newham ⁽⁵⁾ Occupation Tutor and lecturer

Address REDACTED

DECLARATION

I declare the information furnished in Part I. and Part II. of this application to be true and correct in every particular.

Signature of Applicant [Signature]

Date 13-11-69

Fee to Cashier on _____
Revenue Receipt No. _____ dated _____
Personal documents listed in Part II. and Certificate
of Registration posted by certified mail on _____

Registrar