

## TEACHER TRANSFER FORM

This form is to be completed by teachers who wish to be transferred to another school.

A. Name: \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_ (last)

Date of Birth: \_\_\_\_\_

Married: Yes/No      if yes, number of children: \_\_\_\_\_

B. Year you started to teach: \_\_\_\_\_

C. Teaching Subject: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Previous School you taught at:

	School	Years	
		From	To
1.			
2.			
3.			
4.			
5.			
6.			

E. Year started in the present school: \_\_\_\_\_

F. Three (3) Schools you want to be transferred to in order of priority

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Give reason(s) for your request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Decision by PEO (Education Authority): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TEACHERS INFORMATION

### GENERAL

1 School Name

2 Education Authority

3 School Location and Type (Remote, Urban, Etc)

Island

Area

Rural or  
Urban

4 School Statistics

Total Student Enrol...

No. Of Student taught

Contact hours

### SOCIAL

5 Surname

6 Given Name

(Must be the same surname used in any academic transcripts, birth certificate or passport)

7 Date of Birth

8 Place of Birth

Day

Month

Year

9 Home Island

10

Gender

Male

Female

11 Marital Status (Please tick the most appropriate box)

Single

Married

Divorced

widowed

Defacto

12 Name of Spouse

13 Spouse Employment

Name of Company

Name of Work  
Place

14 Number of Children

15 Children Information (Children currently attending school)

<p>Child. 1</p> <input type="text"/> Name <input type="text"/> Age <input type="text"/> School <input type="text"/> Class <input type="text"/> Medium	<p>Child. 2</p> <input type="text"/> Name <input type="text"/> Age <input type="text"/> School <input type="text"/> Class <input type="text"/> Medium	<p>Child. 3</p> <input type="text"/> Name <input type="text"/> Age <input type="text"/> School <input type="text"/> Class <input type="text"/> Medium
<p>Child. 4</p> <input type="text"/> Name <input type="text"/> Age <input type="text"/> School <input type="text"/> Class <input type="text"/> Medium	<p>Child. 5</p> <input type="text"/> Name <input type="text"/> Age <input type="text"/> School <input type="text"/> Class <input type="text"/> Medium	<p>Child. 6</p> <input type="text"/> Name <input type="text"/> Age <input type="text"/> School <input type="text"/> Class <input type="text"/> Medium

16 Type of Current Accomodation *(Please tick the most appropriate box)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent	own	School House

17 Social Status in Community *(Please tick the most appropriate box)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chief	Chairman of Organ	Sports Organiser
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pastor	Elder	Other

18 Denomination

**TECHNICAL**

19 Period of service in the current school/community

20 Field of expertise (Subjects)

21 Status (Please tick the most appropriate box)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary	Probation	Permanent	L/Contract

22 Current Post  
  
 (Principal, Head Teacher or Teacher)

23 Transfer information within the last five (5) years - Insert school name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Year	Last 3 Years	Last 5 Years
<input type="text"/>	<input type="text"/>	
Last 2 Years	Last 4 Years	

24 Years of experience

25 Educational Background

Year	Institution	Qualification

26 Training

Year	Courses	Institution

27 Language (Please tick the most appropriate box)

English	French	Bislama	Vern.....
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write	Write	Write	Write
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speak	Speak	Speak	Speak
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both	Both	Both	Both

28 Discipline information

Year	School	Type of discipline	Term of discipline

29 **Declaration**

To be completed and signed by the applicant

I,

Name of applicant

do solemnly declare that:

The information provided in this application is correct.

Signature of the applicant

Date

