

Teacher Registration Form



Full Name: _____

Email: _____

WhatsApp No: _____

Address: _____

Your Qualification

Intermediate

Graduation

Master

Teaching Qualifications

Please State: _____

Teaching Experience

1. 0 – 3 Years
2. 4 – 6 Years
3. 7 – 10 Years
4. 10 Plus

Certificate and Diploma Courses

Foundation of Teaching	21st Century Teacher Training Diploma
Advance Diploma in Special Education	Advance Diploma in Professional Development
Train the Trainer	

Short Courses

Child Behaviour	Classroom Management
Lesson Planning	Assessment for Learning
What Makes a Good Teacher	Developing a Growth Mindset
Child Safeguarding	Effective use of ICT
Goal Setting	Time Management
Professional CV and Interview Skills	

When do you want us to call you?

Date: _____

After 12PM (PST): _____