CARMEL ALISON LAM FOUNDATION SECONDARY SCHOOL APPLICATION FORM FOR TEACHING POST

	PERSONAL PARTICULARS Name:							
	Name:(Address:	dress:						
	Telephone No.:	hone No.:Date of Birth:					-	
	-		I.D.Card No.: No. of Children:				Photograph	
	Church Membership:							
			Date of Baptism:					
	Church and other Christian Activities:							
	Hobbies and interest:							
 II.	EDUCATION BACKGROUND							
	Name of School/College/University		Cert/Diploma/Degree			Date (From /To)		
						·		
	Major/Minor in University and Diploma of Education:							
III.	WORKING EXPERIENCE		Subjects Tought			Data (Enom/Ta)		
	Name of School/Institution		Subjects Taught				Date (From/To)	
IV.	WORK REFERENCE							
	Subject and Form Preferred to teach 1 2.		3				·	
	Activities to take up							
· 7.	Have you previously been convicted refused to be registered as teacher? (record, please write "NIL" and sign)	If any s			-			
 VI.	REFEREES							
-	1. Name:	()	Profess	sion:			
	Address		*					
	Telephone No.:							
	2. Name:)					
	Address							
	Telephone No.:							
Date:			Sio	mature of	f Applicant			