



Kunsill dwar il-Professjoni tal-Għalliema f'Malta
Council for the Teaching Profession

DECLARATION FORM BY HEAD OF SCHOOL (NON STATE)

SCHOOL: _____

PRIMARY SECONDARY OTHER (please specify) _____

I declare that Ms/Mr (*Name and Surname*) _____,

ID No. _____ is being employed at the above school for scholastic year

_____ as a teacher supply graduate teacher supply teacher

other (please specify) _____ .

Signature of Head: _____

Name in full: _____

Email Address: _____

Rubber Stamp of Head of School:

Date: _____