



COUNCIL FOR THE TEACHING PROFESSION
ELECTION OF REGISTERED TEACHERS ESTABLISHED IN TERMS OF THE EDUCATION ACT (CAP. 327)

NOMINATION FORM

Place a mark (X) in the appropriate box. Only **one** box is to be marked.

Primary State Primary Non-State Secondary State Secondary Non-State

We, the undersigned, hereby nominate the following registered practising teacher with at least 8 years teaching experience as a candidate to serve on the Council for the Teaching Profession.

Nominee

Surname and Forename	
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Surname and Forename to appear on ballot vote if different from above	
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Identity Card No	
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Warrant No	
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Grade:	
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School:	
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Home Address:	
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E-Mail:	
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Date of first appointment:	
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Tel.No: School:	
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Tel. No. Home: (optional)	
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Mobile No: (optional)	
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Proposer

Name and Surname:	
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Home Address:	
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Warrant No:		<i>Proposer's Signature:</i>	
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Name and Surname:	
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Home Address:	
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Warrant No:		<i>Proposer's Signature:</i>	
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I declare that I am eligible to stand for election in accordance with the regulations and that, if elected I shall serve as a member of the Council.

Nominee's Signature

*The Nomination Form, accompanied by a brief biography data (circa 100 words)¹ and a recent police conduct certificate (issued within the last month) should be handed in at the Council for the Teaching Profession, Room 139, Directorates of Education, Level -1 , Great Siege Road, Floriana **by not later than 4pm of Thursday 3rd June 2021.***

The personal data required in this form is for the purposes of carrying out the elections to the Council for the Teaching Profession. All personal data are processed in accordance with the Data Protection & Publications Act. Data will be retained until the end of term of elected teachers.

¹ A portrait photo session will be announced at a later date