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## TRAIN THE TEACHER PARTICIPANT PROFILE

By accomplishing and submitting this form, I am signifying my intention to be certified as a AdEPT Teacher. I am willing and able to go through the selection and training requirements of the program. I also allow BPAP to make the necessary and appropriate background checks to ensure that I fit the requirements.

PERSONAL INFORMATION																	
LAST NAME																	
FIRSTNAME																	
MIDDLE NAME																	
Current Address																	
Alternate Address (if any)																	
Mobile Number									Landline Number (during office hours)								
Email (gmail)									Civil Status				<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated				
Facebook email																	
Birthdate (mm/dd/yyyy)									Birthplace								
Gender	MALE <input type="checkbox"/>		FEMALE <input type="checkbox"/>						Nationality								
WORK INFORMATION																	
Current Position																	
Current Employer																	
Employer Address																	
Name and Position of Immediate Supervisor									Employment Status (Fulltime/Part time)								
Supervisor's Phone Number																	

### Training and Teaching Experience

School/ Institution	Position	Dates	Levels Taught	Courses taught
No. of years teaching in current institution			Total No. of years in teaching including the current institution	

### Certifications / Licenses Acquired

Certifications	Certification and Certifying Body	Date Received

### Awards

Awards	Award and Awarding Body	Date Received

Computer Applications you use	<input type="checkbox"/> MS Word	<input type="checkbox"/> Others: please specify
	<input type="checkbox"/> MS Excel	
	<input type="checkbox"/> MS PowerPoint	
Do you own a Desktop <input type="checkbox"/>	Do you have internet access outside of the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Other Work Experiences

Company	Position	Job Description	Dates

Note: provide additional sheet if necessary

### Other Relevant Experiences (Volunteer Work, Advocacies, etc.)

Organization	Describe Involvement	Dates

### Relevant Skills Not Mentioned Above

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Academic Background				
College Degree		Master's Degree		Post Graduate Degree
<input type="checkbox"/> Bachelor <input type="checkbox"/> AB <input type="checkbox"/> BS	Discipline/Course:	<input type="checkbox"/> MA <input type="checkbox"/> MS	Discipline/Course:	
Courses/ Degrees Completed	School			Dates of Study
Professional References (from people not related to you)				
Name	Position	Company	Phone and Email Address	
What is your main motivation for participating in the certification program?				
Are there any schedule/ work/ health/ personal impediments to your participation in the certification process? If yes, please explain. Include dates and other relevant details.				
Please share any relevant information not mentioned above that might help you be considered for certification.				

**I certify above to be true.**

Signature		Date	
Full Name			

Submit the following to your immediate supervisor by \_\_\_\_\_.

- ☐ Resume with photo
- ☐ Diploma or True Copy of Grades or Transcript
- ☐ Proof of Certifications

**If you have any questions about this form or the Train the Teacher program, you may contact BPAP**

<b>Contact Persons</b>		
<b>Name</b>	<b>Mobile Number</b>	<b>Email Address</b>