



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 Address											URL (if any)									
Birthdate											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																				
Supervisor's Phone Number																				

Training and Teaching Experience

School/ Institution	Position	Dates	Levels Taught	Courses taught

Certifications

Certifications	Certification and Certifying Body	Date Received

Awards

Awards	Award and Awarding Body	Date Received

Computer Applications You're Proficient With	
Computer Applications You're Familiar	

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 _____.
<input type="checkbox"/> Resume with photo <input type="checkbox"/> Diploma or True Copy of Grades or Transcript <input type="checkbox"/> Proof of Certifications

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

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Contact Persons

Name	Mobile Number	Email Address