

## REGISTRATION FORM PHYSICAL EDUCATION TEACHER PRACTITIONER PROGRAMME (PETPP) 2024

Please convert completed form to a **pdf attachment and email** to PESTA at  
[Muhammad Hafiz Maarof@moe.gov.sg](mailto:Muhammad_Hafiz_Maarof@moe.gov.sg) by 1 September 2023.

### **SECTION A: PARTICULARS OF APPLICANT**

Name as in NRIC: (Mr/ Miss/ Mrs/ Mdm) _____		Gender: _____
NRIC no.: _____	Date of Birth & Age: _____	
Contact no. (office): _____	Mobile no.: _____	
Email Address (official): _____	Date confirmed as trained teacher: _____	
Substantive Grade: _____	Designation: _____	
Subject Proficiencies:	SP1: _____ SP2: _____	Current Teaching Subject(s): ST1: _____ ST2: _____
School and Cluster: _____		

Teaching Experiences  
(e.g. no. of years of PE teaching, levels): \_\_\_\_\_

### **SECTION B: FOR APPLICANT**

**Please read the terms below carefully before signing your name:**

1. I am aware that the Physical Education Teacher Practitioner Programme (PETPP) is a part-time course commencing from January to May 2024 and comprises a combination of half and full day sessions.
2. I am aware that the PETPP is open only to English-medium non-Qualified PE Teachers (non-QPETs) who are either currently teaching PE (having attended IBTPE) or are keen to teach PE.
3. I am aware that all teachers teaching PE must hold valid Standard First-Aid, Cardio Pulmonary Respiratory (CPR) and Automated External Defibrillator (AED) Certification.
4. I am aware that I am only considered successful in my application if the duly completed registration form is submitted on time and that I have been certified fit by a medical doctor through a medical examination held in Term 4 and arranged for me by PESTA.
5. I am aware that upon successful completion of the PETPP, I will be recognized as a non-QPET with a Subject Proficiency 3 (SP3) in Physical Education. I can be deployed in my school to teach PE.

**I have read and agree to accept the above terms. I am committed to attend the Physical Education Teacher Practitioner Programme (PETPP). Upon successful completion of the PETPP, I understand that I can be deployed to teach PE in my school.**

Name of Applicant: _____	Signature & Date: _____
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### **SECTION C: TO BE COMPLETED BY PRINCIPAL**

I understand that:

1. All qualified PE teachers in my school should be deployed according to current HR Group's guidelines;
2. Upon successful completion of the course, PE will be listed as the officer's Subject Proficiency 3 (SP3); and
3. The officer will be recognized as a non-QPET with SP3 (PE) and can be deployed according to current HR Group's guidelines.

**I support my teacher \_\_\_\_\_ (Name of teacher) to attend the Physical Education Teacher Practitioner Programme (PETPP) 2024.**

Name of Principal: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ School: \_\_\_\_\_