



AECES

Association for Early Childhood Educators (Singapore)

**CERTIFICATE IN LITERACY FOR YOUNG LEARNERS
(Part 1)**

Professional Development Venue: Hougang / Yew Tee
(Please circle the appropriate venue)

Intake: _____

| | | | | |
|--------------|------------|--------|---------|------|
| Reg Fee* | \$ 50.00 | Cheque | Receipt | Date |
| Course Fee | | Cheque | Receipt | Date |
| Full Course* | \$1,500.00 | | | |

A. PERSONAL PARTICULARS

| | |
|----------------------|------------------------|
| Name as in NRIC: | NRIC No: |
| Date of birth / Age: | Marital Status / Sex: |
| Nationality: | Home Tel / Hand phone: |
| Home Address: | |
| S () | |

B. WORK EXPERIENCE

i) Early Childhood

| | |
|---|--|
| Name of Centre/Kindergarten and address : | |
| S () | |
| Telephone: | Fax No: |
| Position held in the centre: | Teaching Experience (in years & months): |
| Age group you are working with: | |

***All fees stated are subjected to 7% GST charges with effect from 1 June 2010.**

ii) Other Profession

| Company | Position: | Years of Experience: |
|---------|-----------|----------------------|
| | | |
| | | |

C. ACADEMIC AND PROFESSIONAL QUALIFICATIONS

Highest academic qualifications:

GCE "O" Level Result (with credit only):

| | |
|----------------|--------------|
| Subject: _____ | Grade: _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Language Proficiency:

| | | |
|----------|--------------------------|--------------------------|
| | More comfortable with | |
| | <u>Written</u> | <u>Spoken</u> |
| English | <input type="checkbox"/> | <input type="checkbox"/> |
| Mandarin | <input type="checkbox"/> | <input type="checkbox"/> |

Diploma in Early Childhood Education – Teaching (DPET):

| | | |
|--|--------------------|------------------|
| Name of Institution that course was held | Date of completion | English/Mandarin |
| _____ | _____ | _____ |

Other related courses (Enrichment & continuing education):

| Name of course (English/Mandarin) | No. of hours | Date of completion |
|-----------------------------------|--------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby testify that all the above information is correct to the best of my knowledge.

Signature of Applicant

Date

Note: Please submit a photocopy of the certified true copy of all the above certificates.