



BARBADOS SECONDARY TEACHERS' UNION

MEMBERSHIP APPLICATION FORM

Please read through the form carefully before completing it.

1.	Name of applicant for membership		
	_____	_____	_____
	surname	christian name(s)	title:Mr./Ms. etc
2.	Birthdate _____ / _____ / _____	3.	National Insurance Number _____
	day / month / year		
4.	Address for mailing purposes		

5.	E-mail address _____	6.	Home telephone number(s) _____
		7.	Mobile number (optional) _____

8.	Place of employment _____
9.	Subject(s) taught _____
10.	Employment status. Tick (✓) box and complete as required.
	<input type="checkbox"/> Part-time
	<i>Number of contact periods per week</i> _____
	<input type="checkbox"/> Fixed term contract
	<i>Dates of start and end of contract</i> _____ to _____
	<input type="checkbox"/> On secondment
	<i>Substantive post</i> _____
	<i>Start date of secondment:</i>(day).....(month)(year)
	<input type="checkbox"/> Temporary in a temporary post
	<i>Date of start of continuous employment:</i>(day).....(month)(year)
	<input type="checkbox"/> Temporary in an established post
	<i>Date of start of continuous employment:</i>(day).....(month)(year)

11. Employment status. Tick (✓) box and complete as required.

Appointed to an established post but on probation
Date of appointment to post:(day).....(month)(year)
Date of continued employment:(day).....(month)(year)

Appointed to an established post
Date of appointment to post:(day).....(month)(year)
Date of continued employment:(day).....(month)(year)

Appointed to the staff of an independent school
Date of appointment:(day).....(month)(year)
Date of start of continuous employment:(day).....(month)(year)

12. Post of special responsibility

Senior teacher Date of start of performance of duties:(day).....(month)(year)

Head of department Date of start of performance of duties:(day).....(month)(year)

Games master/mistress Date of start of performance of duties:(day).....(month)(year)

Other Date of start of performance of duties:(day).....(month)(year)
Please state

13. Education Background

University/College etc	Degree/Diploma or other certification	Year of completion
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.....
.....
.....

14. Sub-committees on which you might like to serve:

- Information/Research
- Occupational Health & Safety/Building
- Fundraising/Events Planning
- Curriculum/Professional Development

15. Hobbies _____

16. Skills _____

17. Interests _____