

DATA FORM

TO BE COMPLETED BY POTENTIAL SYLLABUS COMMITTEE MEMBERS

(Please complete ALL sections and E-mail to dhall@cxc.org)

SECTION A: PERSONAL DATA

1. NAME: Click here to enter text. Title (Dr Mr Mrs Miss)
2. ADDRESS:

(Home): Click here to enter text. Telephone No: Click here to enter text.

(Business/Mailing): Click here to enter text. Telephone No.: Click here to enter text.

Fax No.: Click here to enter text.
3. E-MAIL ADDRESS: Click here to enter text.
4. CURRENT POSITION: Click here to enter text.
5. INSTITUTION: Click here to enter text.
6. NATIONALITY: Click here to enter text.
7. ARE YOU CURRENTLY TEACHING THE SUBJECT YOU ARE APPLYING FOR IN A REGISTERED EDUCATIONAL INSTITUTION: Click here to enter text.
8. PLACE OF BIRTH: Click here to enter text.
9. IF NOT A CARIBBEAN NATIONAL, PLEASE STATE NUMBER OF YEARS YOU HAVE LIVED IN ANY TERRITORY IN THE CARIBBEAN.

Territory Click here to enter text. Number of Years Click here to enter text.
10. QUALIFICATION: ACADEMIC AND PROFESSIONAL

Degrees/Diplomas/ Certificates	Subject Area	Granting Institution	Date of Award
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.

11. TEACHING EXPERIENCE (MOST RECENT EXPERIENCE FIRST):

Subject(s) taught	Level (please tick)		Period		Institution
	Secondary	Post-Secondary	From	To	
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter a date.	Click here to enter a date.	Click here to enter text.
Click here to enter text.	<input type="checkbox"/>	<input type="checkbox"/>	Click here to enter a date.	Click here to enter a date.	Click here to enter text.

12. OTHER RELEVANT EXPERIENCE

Click here to enter text.

13. OTHER RELEVANT EDUCATION AND TRAINING

Click here to enter text.

14. PLEASE LIST THREE OF YOUR PUBLICATIONS, IF ANY, THAT RELATE TO YOUR WORK AS A SUBJECT SPECIALIST OR AS AN EDUCATOR.

(i) Click here to enter text.

(ii) Click here to enter text.

(iii) Click here to enter text.

15. CURRENT MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS:

Association

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Position

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

SECTION B: REFERENCES

16. PLEASE NAME TWO (2) REFEREES WHO ARE FAMILIAR WITH YOUR WORK AS A SUBJECT SPECIALIST.

(i) Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Tel. No.: [Click here to enter text.](#) Fax No.: [Click here to enter text.](#)

E-mail Address: [Click here to enter text.](#)

(ii) Name: [Click here to enter text.](#)

Address: [Click here to enter text.](#)

Tel. No.: [Click here to enter text.](#) Fax No.: [Click here to enter text.](#)

E-mail Address: [Click here to enter text.](#)

SIGNATURE:

DATE: [Click here to enter a date.](#)