



# 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 _____ / _____ / _____ day / month / year	3.	National Insurance Number _____		
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
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

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

Information/Research

Fundraising/Events Planning

Occupational Health & Safety/Building

Curriculum/Professional Development

15. Hobbies \_\_\_\_\_

16. Skills \_\_\_\_\_

17. Interests \_\_\_\_\_