



## Kunsill dwar il-Professjoni tal-Għalliema f'Malta Council for the Teaching Profession

Direttorati tal-Edukazzjoni, Uffiċċju Livell -1  
Triq I-Assedju I-Kbir, Floriana VLT 2000, Malta.  
Tel: 2598 2440/2457, eMail: ctpmalta@gov.mt

### APPLICATION FOR RENEWAL OF TEMPORARY WARRANT

Date: \_\_\_\_\_

The Hon. Minister of Education,

I, the undersigned, hereby apply for the renewal of my temporary warrant in terms of Article 25 of the Education Act 327.

I hereby confirm that the information I have declared herein is accurate and complete.

I also declare that there is nothing that relates to my conduct, character or behaviour which precludes the issue or the holding of a Teacher's Warrant.

I furthermore declare that I have read and understood the Teachers' Code of Ethics and Practice, as issued by the Council for the Teaching Profession in Malta. In the event that I am awarded the Teacher's Warrant, which is the subject of this Application, I hereby undertake to be guided by the principles outlined in the abovementioned Teachers' Code of Ethics and Practice for as long as I am a holder of the said Teacher's Warrant.

\_\_\_\_\_  
Signature of Applicant

#### Section A: To be filled in by applicant

1. Full Name and Surname \_\_\_\_\_
2. Title: Mr/Ms \_\_\_\_\_ 3. Maiden Surname (if applicable) \_\_\_\_\_
4. Identity Card Number \_\_\_\_\_ 5. National Insurance No. \_\_\_\_\_
6. Temporary Warrant No. \_\_\_\_\_ 7. Email Address: \_\_\_\_\_
8. Grade: Teacher/Supply Graduate Teacher/Instructor/Supply Teacher \_\_\_\_\_
9. Postal Address \_\_\_\_\_  
\_\_\_\_\_ 10. Tel/Mob No. \_\_\_\_\_
11. School Address \_\_\_\_\_  
\_\_\_\_\_

**Section B: To be filled in by Head of School**

**14. DECLARATION BY HEAD OF SCHOOL**

**SCHOOL:** \_\_\_\_\_

I, hereby, declare that (*name of applicant*) \_\_\_\_\_

is currently employed at the above mentioned school as:

Teacher       Supply Teacher       Instructor/Instructress

In:

Primary

\*Secondary

\*Subject: \_\_\_\_\_

\*Teaching Load: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature and Rubber Stamp  
of Head of School

**FOR NON STATE SCHOOLS ONLY**

A copy of the approval of appointment issued by the Education Regulatory Compliance Section, Directorate for Quality and Standards in Education, for the incoming scholastic year should be attached to this form.

The application, together with **an original Police Conduct** and the relevant document (where applicable), is to be addressed to:

The Secretary  
Council for the Teaching Profession  
Education Directorates  
Office Level -1  
Great Siege Road  
Floriana VLT 2000

Tel: 25982440/2457

Email: [ctpmalta@gov.mt](mailto:ctpmalta@gov.mt)

Website: <http://www.teachingprofession.gov.mt>