



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

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## DECLARATION FORM BY HEAD OF SCHOOL (NON STATE)

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

I declare that Ms/Mr (*Name and Surname*) \_\_\_\_\_,

ID No. \_\_\_\_\_ is being employed at the above school for scholastic

year \_\_\_\_\_ as a teacher  supply teacher  other

(if other please specify) \_\_\_\_\_ .

Signature of Head: \_\_\_\_\_

Name in full: \_\_\_\_\_

Email Address: \_\_\_\_\_

Rubber Stamp of Head of School:

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