



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

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## DECLARATION FORM BY HEAD OF SCHOOL

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

PRIMARY     SECONDARY     OTHER (Please Specify) \_\_\_\_\_

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  (please specify)

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**I certify that the attached documents\* are true copies of the originals and have been  
authenticated by the undersigned.**

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

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

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

Rubber Stamp of Head of School:

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

**\*List of documents attached in PDF format:**

- Copy of Degree/s
- Copy of Europass Diploma Supplements/Academic Records/Detailed Transcripts of degrees
- Copy of MFHEA statement (for qualifications awarded by institutions other than UOM, IFE or MCAST)
- Translations of documents by a Certified Translator (Qualifications in any language other than English)
- Copy of Induction Portfolios – 1<sup>st</sup> & 2<sup>nd</sup> year (Non State Schools only)
- Statement from former Heads of School indicating that you have been employed as a teacher in compulsory schooling for two full scholastic years. (Non State Schools only)
- Applicants who have not been residing in Malta for the past ten (10) years are to present a Criminal Record Search from the country where they have been living.