



## Confidential Form for Appointment in R. C. Secondary Schools

---

### **INSTRUCTIONS**

#### **Applicant:**

- Kindly complete Section 1 of this Form and take the Form to your Parish Priest or Manager, School Management Committee for completion and return to the CEBM.
- You are applying to the **Catholic Education Board of Management Ltd.** for appointment.
- This Board represents the “INTERESTS” of the CATHOLIC CHURCH in Education.
- Your application constitutes confirmation of your intention to fulfill these “INTERESTS” as an Administrator in a Catholic School. Please do not complete if this is not your intention.

#### **Parish Priest or Manager, School Management Committee:**

Please complete Section 2. Additional pages may be added. When you have completed this form, please forward directly to

**The Chief Executive Officer**  
**Catholic Education Board of Management Ltd**  
**34B Belmont Circular Road, Belmont**  
Fax: 1-868-624-8940: Email: [cebm.tt@gmail.com](mailto:cebm.tt@gmail.com)

### **SECTION 1**

*To be completed by the applicant*



**Applicant's Full Name:**

**Mr./Mrs./Ms:** \_\_\_\_\_

Surname

Other Names

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Religion** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Mobile** \_\_\_\_\_

**Email** \_\_\_\_\_

**Present employment** \_\_\_\_\_

**Position for which applied** \_\_\_\_\_

## **SECTION 2**

*To be completed by the Parish Priest or Manager, School Management Committee*

**Name of Parish** \_\_\_\_\_

**The Applicant as a Catholic:**

**1. Do you know the Applicant?**

No

Yes

**2. Is the applicant a member of the worshipping community?**

No

Yes



**3. If yes, is the applicant's attendance at Weekend Mass:**

Regular  Irregular

Rare  Unknown

Comment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Does the applicant participate in any Catholic parish apostolate, service or organization? If yes, please elaborate.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Adult Status: Single**  **Married**

**Other**  **(please explain)**

If married

Is the marriage recognized as a Catholic marriage? \_\_\_\_\_

Place of marriage: \_\_\_\_\_

Date of marriage: \_\_\_\_\_

### The Applicant and Catholic Religious Education

**6. Describe any involvement of the applicant within the last five years, in teaching the faith, or in any programme of studies or religious formation**

\_\_\_\_\_  
\_\_\_\_\_



6. How does the applicant contribute to the development of his/her community?

---

---

### Suitability of the Applicant to the position for which applied

7. Please give a brief assessment of the applicant's suitability for appointment in a catholic school to the position for which applied. Your assessment should include example set in terms of morals and values as well as the applicant's personality, character and displayed abilities with reference to leadership and enhancing the teaching profession. Additional pages may be added if needed.

---

---

---

---

8. Do you recommend the applicant for the position for which applied in a:

Catholic school? \_\_\_\_\_

Catholic school within your parish? \_\_\_\_\_

### Additional comments/Notes

---

---

---

---

---

---



Catholic Education  
Board Management

# Catholic Education Board of Management

34B Belmont Circular Road, Belmont

Email: [cebm@cebm.org.tt](mailto:cebm@cebm.org.tt)

Tel: 1-868-607-CEBM: Fax: 1-868-624-8940

---

\_\_\_\_\_  
**Name of parish Priest**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



## **SECTION 3**

### **For Completion by Interviewing Panel**

#### **Comments/Notes**

---

---

---

---

---

---

---

---

---

---

#### **Interviewing Panel Members**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name of Principal**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



Catholic Education Board Management

# Catholic Education Board of Management

34B Belmont Circular Road, Belmont

Email: [cebm@cebm.org.tt](mailto:cebm@cebm.org.tt)

Tel: 1-868-607-CEBM: Fax: 1-868-624-8940

---

## Official Use of CEBM:

Date dispatched: \_\_\_\_\_ By whom: \_\_\_\_\_

Date received: \_\_\_\_\_ By whom: \_\_\_\_\_

Remarks:

---

---

---

---

---

---

---

---

\_\_\_\_\_  
*Chief Executive Officer*

\_\_\_\_\_  
*Date*