

**Application for Approval  
of  
New Trainers  
&  
Practicum Supervisors**

Issued  
by

**MOE - MCYS  
PRE-SCHOOL QUALIFICATION  
ACCREDITATION COMMITTEE**

**REASON(S) FOR REQUEST FOR APPROVAL OF ADDITIONAL NEW  
TRAINERS AND PRACTICUM SUPERVISORS**

(To be completed by Training Agency for Approval of additional New Trainers and Practicum Supervisors after courses have been accredited)

Name of Training Agency:	
Address of Training Agency:	
Telephone:	
Fax:	
Email:	
MOE Registration No. & Date	
Academic Head:	

Reason(s) for request of approval for additional trainers

Course	Accreditation Period	Reason(s)

Submitted By:

\_\_\_\_\_

Name and Designation of Applicant

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**SUMMARY LIST OF PROPOSED TRAINERS AND PRACTICUM SUPERVISORS**  
(Please provide a summary of all Trainers and Practicum Supervisors submitted for approval.)

Name of Training Agency: \_\_\_\_\_

S/N	Name as in NRIC/Passport	Highest Qualification	Years as Early Childhood Educator/Supervisor/Trainer/Lecturer	Proposed by Training Agency			Course Assigned	Is Trainer a Core Trainer? (Yes/No)
				FT/PT*	T/PS*	Module		
e.g.	X x x	M Ed (ECE)	5 yrs as EC teacher 3 yrs as kindergarten principal 2 yrs as EC trainer	PT	T & PS	1, 2, 3 & 6	DECCE-T	Yes

**Proposed Ratio of Trainer/Practicum Supervisor to Trainees**

(Compute the following ratios by comparing the total number of trainers and practicum supervisors that the agency is engaging for each of the courses with the total number of proposed trainees and fill in the table below)

Course	Proposed Ratio of Trainer to Trainees	Proposed Ratio of Practicum Supervisor to Trainees

Submitted by: \_\_\_\_\_

(Name)

(Signature)

Designation: \_\_\_\_\_

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

- \* FT - Full-time
- PT - Part-time
- T - Trainer
- PS - Practicum Supervisor



**PART III HISTORY OF EMPLOYMENT RELATED TO EARLY CHILDHOOD EDUCATION  
(IN CHRONOLOGICAL ORDER)**

Period of Employment		Employer (Name of EC Centre/ Organisation)	Location (Address & Country)	Designation	Nature of Employment (Including Details of Roles and Responsibilities)
From mm/yy	To mm/yy				

**PART IV CONSENT**

I have agreed to teach the following course(s)/module(s) and to the stated time commitment.

S/N	Course	Module/Sub-module	Trainer	Practicum Supervisor	FT/ PT	No. of Teaching Hours	Duration of Commitment

**PART V DECLARATION**

I declare that the particulars stated above are true and correct and that I have not wilfully suppressed any material fact.

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_

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

*\*Delete where applicable*