****

**PERMOHONAN PERMIT MENGAJAR**

***APPLICATION FOR TEACHING PERMIT***

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**UNIT PENDIDIKAN SWASTA**

**JABATAN PENDIDIKAN NEGERI WP LABUAN**

**BLOK 4, TINGKAT 10, KOMPLEKS UJANA KEWANGAN**

**WILAYAH PERSEKUTUAN LABUAN**

**Tel: 087-583351**

**PERINGATAN:**

***REMINDER:***

* Borang permohonan diisi oleh pemohon. Permohonan adalah melalui setiap IPS

*Application form is to be completed by applicant. Application is made via each institution.*

* Lengkapkan satu (1) salinan sahaja.

*Complete one (1) copy.*

* Semua maklumat perlu dilengkapkan. Permohonan yang tidak lengkap, akan ditolak.

*Complete all information. Incomplete application will be rejected.*

* Kelayakan minima bagi syarat permit mengajar adalah Sijil SPM (atau setaraf) **KECUALI** bagi kategori Sekolah Antarabangsa, Sekolah Ekspatriat dan Sekolah Menengah Persendirian Cina.

*Minimum qualification for a teaching permit is an SPM Certificate (or equivalent)* ***EXCEPT*** *for International Schools, Expatriate School and Chinese Independent School.*

* Kelayakan minima bagi Sekolah Antarabangsa, Sekolah Ekspatriat dan Sekolah Menengah Persendirian Cina adalah Ijazah pertama bidang pendidikan (atau setaraf).

*Minimum qualification for a teaching permit at International Schools, Expatriate Schools and Chinese Independent Schools is a degree in education (or equivalent).*

Ijazah tersebut perlu mendapat pengiktirafan dari Agensi Kelayakan Malaysia (MQA). Sila semak kelayakan ijazah di <https://www2.mqa.gov.my/esisraf/kelayakan.cfm>

Cetak maklumat program atau kelayakan yang dipaparkan (cetakan terus maklumat akreditasi tersebut boleh digunakan sebagai bukti bahawa program atau kelayakan telah memperoleh Akreditasi MQA).

*All degree must receive accreditation from Malaysian Qualifications Agency. Please check at* <https://www2.mqa.gov.my/esisraf/kelayakan.cfm>

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| **BAHAGIAN A : MAKLUMAT INSTITUSI** |

*PART A : PARTICULARS OF INSTITUTION*

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| --- | --- |
| Nama Institusi  *Name of institution* |  |
| Alamat Institusi  *Address of Institution* |  |
| No. Telefon Institusi  *Institution’s Telephone No.* |  |
| No.Telefon Bimbit Pengerusi  *Chairman’s Handphone No.* |  |
| Nombor Perakuan Pendaftaran Institusi  *Institution’s Registration Code* |  |

**BAHAGIAN B : MAKLUMAT PEMOHON**

*PART B : PARTICULARS OF APPLICANT*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Nama  *Name* |  | | |
| 2 | No. Kad Pengenalan  *Identification Card No.* |  | | |
| 3 | No. Pasport  *No. Pasport* |  | | |
| 4 | No. Permit Kerja  *Work Permit No.* |  | | |
| 5 | Tarikh Kesahan Permit Kerja  *Expiry Date of Work Permit* |  | | |
| 6 | Alamat Kediaman (Semasa)s  *Current Home Address* |  | | |
| 7 | No. Telefon Bimbit  *No. Handphone* |  | | |
| 8 | Tempoh Permohonan Permit (max 5 tahun)  *Duration of Permit (max 5 years)* | .................... x tahun | | |
| 9 | Kelayakan Akademik / Ikhtisas  *Academic / Professional Qualifications* | | Institusi  *Institution* | Tahun  *Year* |
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