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|  | **Muslim Converts’ Association of Singapore**(Darul Arqam Singapore)**32 Onan Road, The Galaxy, Singapore 424484** | **TEL:****FAX:****EMAIL:****WEB:** | **6348 8344****6440 6724****education@mcas.sg****www.mcas.sg** |
| **APPLICATION FOR A TEACHING POSITION** |
|  |
| **SECTION A: PERSONAL PARTICULARS** |
|

|  |  |
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| **Name (as in NRIC/Passport):** | Click here to enter text. |
| **NRIC:** | Click here to enter text. | **Nationality:** | Click here to enter text. | **D.O.B.** | Click here to enter text. | **Gender:** | Choose an item. |
| **Local Address:** | Click here to enter text. | **Postal Code:** | Click here to enter text. |  |
| **Email:** | Click here to enter text. | **Bank Acct No.:** | Click here to enter text. |
| **Occupation:** | Click here to enter text. | **Name of Employer:** | Click here to enter text. |

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| **SECTION B: ACADEMIC QUALIFICATION** |
|  |
| **Part 1: Formal Islamic Education/ Madrasah (Please provide supporting documents)** |
| **LEVEL** | **NAME OF SCHOOL / INSTITUTIONS** | **FIELD OF STUDIES** | **YEAR GRADUATED** |
| **Thanawi** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **‘Aliyah** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **University** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Others** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Part 2: Formal National Education (Please provide supporting documents)** |
| **LEVEL** | **NAME OF SCHOOL / INSTITUTIONS** | **FIELD OF STUDIES** | **YEAR** **GRADUATED** |
| **Secondary** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Tertiary** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **University** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Post-Graduate** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| **Part 3: Asatizah Recognition Scheme (ARS) Accreditation (Please provide supporting documents)** |
| **TIER 1 (Asatizah)** | Choose an item. | **CATEGORY:** | Choose an item. |
| **TIER 2 (Quran Teachers)** | Choose an item. | **CATEGORY:** | Choose an item. |



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| **SECTION C: TEACHING EXPERIENCE** |

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| **YEAR** | **NAME OF SCHOOL / INSTITUTIONS** | **SUBJECT(S) TAUGHT** | **AGE GROUP(S)** |
| **FROM** | **TO** |
| **19\_\_** | **19\_\_** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **20\_\_** | **20\_\_** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **20\_\_** | **20\_\_** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **20\_\_** | **20\_\_** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| **SECTION D: PREFERENCE OF TEACHING ASSIGNMENT** |

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| **Part 1: Subject(s) of Preference** |
| **SUBJECTS** | **AGE GROUP** |
| **1** | Click here to enter text. | Choose an item. |
| **2** | Click here to enter text. | Choose an item. |

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| **Part 2: Availability** |
| **DAYS** | **TIME (You may tick more than one)** | **DAYS** | **TIME (You may tick more than one)** |
|  | **Morn.** | **Aftn.** | **Eve.** | **Night** |  | **Morn.** | **Aftn.** | **Eve.** | **Night** |
| **MONDAYS** |[ ] [ ] [ ] [ ]  **FRIDAYS** |[ ] [ ] [ ] [ ]
| **TUESDAYS** |[ ] [ ] [ ] [ ]  **SATURDAYS** |[ ] [ ] [ ] [ ]
| **WEDNESDAYS** |[ ] [ ] [ ] [ ]  **SUNDAYS** |[ ] [ ] [ ] [ ]
| **THURSDAYS** |[ ] [ ] [ ] [ ]   |

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| **SECTION E: LANGUAGE PROFIECIENCY AND MASTERY** |

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| **LANGUAGE / DIALECT** | **PROFICIENCY LEVEL (SPOKEN)** | **PROFICIENCY LEVEL (WRITTEN)** |
|  | **FLUENT** | **FAIR** | **POOR** | **FLUENT** | **FAIR** | **POOR** |
| **ENGLISH** |[ ] [ ] [ ] [ ] [ ] [ ]
| **ARABIC** |[ ] [ ] [ ] [ ] [ ] [ ]
| Click here to enter text. |  |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |  |
| Click here to enter text. |  |  |  |  |  |  |

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| **SECTION F:**  **CHARACTER REFERENCE** |

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| --- | --- | --- | --- |
| **NAME** | **OCCUPATION** | **CONTACT NO.** | **EMAIL ADDRESS** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**How can you contribute to this association?**

Click here to enter text.

Click here to enter text.

Click here to enter text.

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| **SECTION G: ACKNOWLEDGEMENT** |

*I agree that collective consents have been obtained allowing Muslim Converts’ Association of Singapore to collect, use, process and disclose my personal data in accordance to the terms and conditions as stated in the Muslim Converts’ Association of Singapore Personal Data Protection Policy (available on the website).*

 **I hereby agree to give my consent to** **Muslim Converts’ Association of Singapore or Darul Arqam Singapore.**