

## APPLICANT TO COMPLETE

I  give consent to Smart Teachers to verify my teaching credentials as detailed below:

Full Name at time of Graduation

Date of Birth:

Student Number:

Date of Graduation:

Name of Qualification:

Awarding University / Institution:

Campus:

Teacher Registration Authority:

Registration Number:

Expiry Date:

Signed:

Date:

## UNIVERSITY TO COMPLETE

**Signing, Dating and Stamping this document below acts as verification of the University degree this candidate has claimed to have completed. Please complete and return this form via fax to the office of Smart Teachers.**

**SIGNATURE:**

**DATE:**



**Official Stamp**

## SMART TEACHERS TO COMPLETE

### ORIGINAL QUALIFICATION VERIFIED / SIGHTED

Verified / Sighted by:

Signature:

Date:

### ORIGINAL TEACHER REGISTRATION VERIFIED / SIGHTED

Verified / Sighted by:

Signature:

Date:

