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|  | Application for the professional recognition of foreign professional qualifications (EEA and Switzerland) to teach in Flanders | | | | | | | | | | | | | | | | 1F3C8D-210413 |
|  | ///////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////////// | | | | | | | | | | | | | | | | |
|  | **Agency for Educational services (AGODI) – Team Professional Recognition Flemish Education**  **T** +32 (0)2 553 03 10  [erkenning.onderwijskwalificatie@vlaanderen.be](mailto:erkenning.onderwijskwalificatie@vlaanderen.be) | | | | | | | | | | | | | | | | |
|  | ***What is the purpose of this form?***  *By completing this form, you are applying to the* Agency for Educational services *(AGODI) for the professional recognition of a foreign professional qualification* (from a country that belongs to the EEA or from Switzerland) and therefore want to teach in Flanders.  On the basis of the professional recognition, AGODI issues a conformity certificate. That certificate is valid for an unlimited period. This certificate must be submitted to the education institution where you apply for a job.  The certificate of conformity does not provide any teaching authority in higher education in Flanders, since the university colleges and universities in Flanders are autonomously competent for their recruitment policy.  **Who fills in this form?**  This form is filled in by the diploma holder or by an intermediary organisation*.*  ***How does your application proceed?***  *The treatment period of 30 calendar days starts as soon as the file is complete. An incomplete file is not being treated. If documents are missing in your file, you have four months to submit them*. If you have not submitted these missing documents to AGODI within four months, your file will be closed.  ***Where can you find more information?***  *You can find information about the procedure on*: <http://www.agodi.be/job-in-het-onderwijs-buitenlandse-beroepskwalificatie>.  *You can find information about* the Member States of the EEA on: <https://www.vlaanderen.be/uw-overheid/verdeling-van-de-bevoegdheden/de-landen-van-de-europese-unie-eu-en-de-europese-economische-ruimte-eer>. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | Details of the applicant | | | | | | | | | | | | | | | | |
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| 1 | Indicate who is submitting this application. | | | | | | | | | | | | | | | | |
|  |  | the foreign teacher. *Go to question 2.* | | | | | | | | | | | | | | | |
|  |  | an intermediary organisation. *Go to question 3.* | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 2 | Please enter the details of the foreign teacher. | | | | | | | | | | | | | | | | |
|  | first name | |  | | | | | | | | | | | | | | |
|  | surname | |  | | | | | | | | | | | | | | |
|  | date of birth | | day | |  | month |  | year | | |  | |  | | | | |
|  | place of birth | |  | | | | | | | | | | | | | | |
|  | country of birth | |  | | | | | | | | | | | | | | |
|  | nationality | |  | | | | | | | | | | | | | | |
|  | sex | |  | male | | | | |  | female | | | |  | other | | |
|  | telephone number | |  | | | | | | | | | cell phone number | | | |  | |
|  | e-mail address | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

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| --- | --- | --- |
| 3 | Please enter the details of the applying organisation. | |
|  | name of the organisation |  |
|  | contact person: first name |  |
|  | contact person: name |  |
|  | e-mail address |  |

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|  | | | | | | | | | | | | |
| 4 | Who should AGODI contact? | | | | | | | | | | | |
|  |  | the foreign teacher | | | | | | | | | | |
|  |  | the applying intermediary organisation | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | Qualification information | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 5 | On the basis of which type of foreign professional qualification do you have a teaching qualification? | | | | | | | | | | | |
|  |  | teaching diploma | | | | | | | | | | |
|  |  | other qualification | | | | | | | | | | |
|  | | | | | | | | | | | | |
| 6 | Enter the details of your professional qualification.  *Copy the data as it appears on the documents.* | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | **teaching diploma** | |  | | | | | | | | | |
|  | name of the teaching diploma | |  | | | | | | | | | |
|  | date of issue of the diploma | | day |  | | month |  | | | year |  |  |
|  | name of the educational institution | |  | | | | | | | | | |
|  | town | |  | | | | | | | | | |
|  | country | |  | | | | | | | | | |
|  | official duration of studies | |  | | | | | study years | | | | |
|  | studyload | |  | | | | | | ECTS ([European Credit Transfer System](http://ec.europa.eu/education/tools/ects_en.htm)) | | | |
|  | | | | | | | | | | | | |
|  | **other qualification (1)** | |  | | | | | | | | | |
|  | name of the document | |  | | | | | | | | | |
|  | date of issue of the diploma | | day | |  | month |  | | | year |  |  |
|  | name of the educational institution | |  | | | | | | | | | |
|  | town | |  | | | | | | | | | |
|  | country | |  | | | | | | | | | |
|  | official duration of studies  *(if applicable)* | |  | | | | | | study years | | | |
|  | study load  *(if applicable)* | |  | | | | | | ECTS ([European Credit Transfer System](http://ec.europa.eu/education/tools/ects_en.htm)) | | | |
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|  | other qualification (2) | | | | | |  | | | | | | | | | | | | | |
|  | name of the document | | | | | |  | | | | | | | | | | | | | |
|  | date of issue of the diploma | | | | | | day |  | | | month |  | | year |  | |  | | | |
|  | name of the educational institution | | | | | |  | | | | | | | | | | | | | |
|  | town | | | | | |  | | | | | | | | | | | | | |
|  | country | | | | | |  | | | | | | | | | | | | | |
|  | official duration of studies  *(if applicable)* | | | | | |  | | | | | | study years | | | | | | | |
|  | study load  *(if applicable)* | | | | | |  | | | | | | ECTS ([European Credit Transfer System](http://ec.europa.eu/education/tools/ects_en.htm)) | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | Professional experience | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 7 | Please enter the details of your professional experience in the chart below.  *Please enter for each employer the duration of your professional experience and specify which subjects you have taught and to which ages you have taught.* | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | employer | | | | | | | |  | duration of the professional experience | | | | | |  | | **subject** |  | **age group** |
|  | 1 | |  | | | | | |  |  | | | | | |  | |  |  |  |
|  | 2 | |  | | | | | |  |  | | | | | |  | |  |  |  |
|  | 3 | |  | | | | | |  |  | | | | | |  | |  |  |  |
|  | 4 | |  | | | | | |  |  | | | | | |  | |  |  |  |
|  | 5 | |  | | | | | |  |  | | | | | |  | |  |  |  |
|  | 6 | |  | | | | | |  |  | | | | | |  | |  |  |  |
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|  | | Purpose of the application | | | | | | | | | | | | | | | | | | |
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| 8 | | Indicate the Flemish teaching position you would like to hold below.  *Please note, only if you have the same, explicit teaching qualification in the EU Member State of recognition and this will be confirmed (see question 11), you can be eligible to practice that profession in Flanders. Also indicate whether you are applying for recognition for special education.* | | | | | | | | | | | | | | | | | | |
|  | |  | nursery teacher (age 2.5-6 years). *Go to question 10.* | | | | | | | | | | | | | | | | | |
|  | | |  | in special pre-primary education | | | | | | | | | | | | | | | | |
|  | |  | teacher in primary education (age 6-12 years). *Go to question 10.* | | | | | | | | | | | | | | | | | |
|  | | |  | in special primary education | | | | | | | | | | | | | | | | |
|  | |  | teacher. *Go to question 9.* | | | | | | | | | | | | | | | | | |
|  | | |  | in special secondary education | | | | | | | | | | | | | | | | |
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| 9 | | Tick the age group and fill in the subject. | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | age group | | |  | **subject** | | | | | | | | | | | | | | |
|  | |  | 12-14 years | |  |  | | | | | | | | | | | | | | |
|  | |  | 14-16 years | |  |  | | | | | | | | | | | | | | |
|  | |  | 16-19 years | |  |  | | | | | | | | | | | | | | |
|  | |  | 16-99 years | |  |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | Other information | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 10 | Please enter additional information about your identity data (for example, changed name), diplomas or professional qualifications below, if you think that these may be relevant for the processing of your file. | | | | | | | | | | | | | | | | | | | |
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|  | | Supporting documents to be enclosed | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **11** | | **Tick off which electronic supporting documents (preferably in PDF) you attach to this application.**  *If your original supporting documents are not in Dutch, English, French or German, please also enclose a copy of the certified translation.* *We accept any type of certified translation.* | | | | | | | | | | | | | | | | | | |
|  | |  | **certificate of your teaching qualification** in the original language  *A certificate of your teaching qualification must contain the following information:*   * *that your diploma has been awarded by a recognized higher education institution;* * *that your diploma complies with the European Qualification Directive 2005/36;* * *the standard study duration of your study program;* * *a list of all subjects and age categories for which you have educational qualification.*   *The Ministry of Education or the NARIC center of your country where you have obtained your professional teaching qualification, can issue that declaration. You can find the contact addresses of the NARIC centers at* [*http://www.enic-naric.net*](http://www.enic-naric.net)*. In many cases, a statement issued by an educational institution or employer is not sufficient.*  *The procedure of the professional recognition is based on the teaching qualification of the country in which you have obtained your professional qualification to teach. We will request that information from the relevant government, which may take some time. You can speed up the processing of your file by attaching a certificate of your teaching qualification to this application. If you have obtained your professional qualification in Switzerland or France, we recommend that you add the certificate of your teaching qualification yourself.* | | | | | | | | | | | | | | | | | |
|  | |  | **proof of identity** in the original language  *If the name on your identity card does not match the name on your study certificate, enclose an official explanation for that deviation with your application.* | | | | | | | | | | | | | | | | | |
|  | |  |  | *official declaration for the deviation for the name on your qualification (if applicable)* | | | | | | | | | | | | | | | | |
|  | |  | **teaching diploma** in the original language *(if applicable)* | | | | | | | | | | | | | | | | | |
|  | |  | **proof of other qualifications** in the original language *(if applicable)* | | | | | | | | | | | | | | | | | |
|  | |  | **other relevant information** in the original language *(if applicable)* | | | | | | | | | | | | | | | | | |
|  | |  | **the declaration of the employers** you mentioned, which show the professional experience *(if applicable)* | | | | | | | | | | | | | | | | | |
|  | |  | a translation of the documents above, if they have been drawn up in a language other than Dutch, English, French or German | | | | | | | | | | | | | | | | | |

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|  | Authenticity declaration | | | | | | | |
|  | | | | | | | | |
| 12 | Please complete the declaration below. | | | | | | | |
|  | By sending this form to the e-mail address: [erkenning.onderwijskwalificatie@vlaanderen.be](mailto:erkenning.onderwijskwalificatie@vlaanderen.be), the sender confirms that all data in this form has been truthfully filled in and that all attached documents are authentic or copies of authentic documents.  The sender gives AGODI permission to enquire about the authenticity of his documents with the institutions which are in a position to assess this.  The treatment period of thirty calendar days starts as soon as the file is complete. An incomplete file is not being treated. If documents are missing in your file, you will have four months to submit them. If you have not submitted these missing documents to AGODI within four months, your file will be closed. | | | | | | | |
|  | date | day |  | month |  | year |  |  |
|  | firstname and lastname |  | | | | | | |
|  | | | | | | | | |
|  | Who do you send this form to? | | | | | | | |
|  | | | | | | | | |
| 13 | Please send this form and the supporting documents (preferably in PDF) to the following e-mail address: [erkenning.onderwijskwalificatie@vlaanderen.be](mailto:erkenning.onderwijskwalificatie@vlaanderen.be). | | | | | | | |
|  | | | | | | | | |
|  | Privacy policy | | | | | | | |
|  | | | | | | | | |
| 14 | AGODI processes your personal data in the general interest for your "professional recognition" application. If you do not want us to process your data, you can report it by e-mailing to [dpo.agodi@ond.vlaanderen.be](mailto:dpo.agodi@ond.vlaanderen.be). Then we may not be able to provide the service that you request. You can also always e-mail us to ask which personal data we process and you can have them corrected or deleted. We then request proof of your identity so that we do not communicate your data to anyone who is not entitled to it. If you have questions about how we process your data, you can contact Elke Defranc ([elke.defranc@ond.vlaanderen.be](mailto:elke.defranc@ond.vlaanderen.be)). If you do not agree with the way in which we process your data, you can turn to the qualified supervising authority. You will find our policy on data processing at <http://www.agodi.be/over-ons/privacyverklaring>. | | | | | | | |