Record of Teaching Service

Name:	**Registration Number:**

Name and type of School	Employing Authority	Period Served From	To	Full-time/ Part-time F/t	P/t%	Primary Stages Taught/Secondary Subject Taught (indicate % where appropriate)	Certified Correct (HT's Signature)	Date of Interim Submission to GTC Scotland

(Additional Record of Teaching Service Sheets are available from www.gtcs.org.uk)