

Application for recognition of teaching qualifications

*Fields marked * are required.*

1. Personal details

Danish civil registry no. * (if none: date of birth)

First and middle names *

Family name *

Previous name (if your name has changed since the documents were issued)

Nationality *

Street address *

Any other address information (e.g. c/o name)

Postal code *

City/town *

Country (if not Denmark) *

Telephone

Email *

2. Purpose

For which teaching profession(s) are you seeking recognition? * You must be qualified to teach at the same level(s) in the country where you qualified as a teacher.

- ☐ Teacher in municipal primary and lower secondary school
- ☐ Teacher in general upper secondary education (STX, HF, HHX, HTX)
- ☐ Pedagogue in municipal primary school (preschool class to grade 3)
- ☐ Teacher of Danish for adult foreigners

If general upper secondary: Which subjects do you want to teach?

Other purposes or additional information

Have you had your qualification assessed before? *

- ☐ Yes
- ☐ No

If Yes: Please enclose copy of prior assessment(s).

3. Teaching qualification

Name of qualification according to certificate *

Specialisation/main fields of study

Name of educational institution *

Web address of institution

City/town *

Country *

Subject(s) and age range(s) trained to teach *

What month and year did you start the education? *

What month and year did you finish the education? *

Was it full-time or part-time education? *

☐ Full-time

☐ Part-time

What was the official length of the education (years and months)? *

Did the programme include an internship or other practical training in a workplace? *

☐ Yes

☐ No

If Yes:

Workplace: _____

Duration in months: _____

Did you finish the programme with a thesis, dissertation or other large project? *

☐ Yes

☐ No

If Yes:

Title: _____

Nominal duration and/or credits earned: _____

Additional information about the qualification

4.1. Other higher education 1

Name of qualification according to certificate *

Specialisation/main fields of study

Name of educational institution *

Web address of institution

City/town *

Country *

What month and year did you start the education? *

What month and year did you finish the education? *

Was it full-time or part-time education? *

☐ Full-time

☐ Part-time

What was the official length of the education (years and months)? *

Did the programme include practical training in a workplace? *

☐ Yes

☐ No

If Yes:

Workplace: _____

Duration in months: _____

Did you finish the programme with a thesis, dissertation or other large project? *

☐ Yes

☐ No

If Yes:

Title: _____

Nominal duration and/or credits earned: _____

Which types of job can you do with this qualification?

Additional information about the qualification

4.2. Other higher education 2

Name of qualification according to certificate *

Specialisation/main fields of study

Name of educational institution *

Web address of institution

City/town *

Country *

What month and year did you start the education? *

What month and year did you finish the education? *

Was it full-time or part-time education? *

☐ Full-time

☐ Part-time

What was the official length of the education (years and months)? *

Did the programme include practical training in a workplace? *

☐ Yes

☐ No

If Yes:

Workplace: _____

Duration in months: _____

Did you finish the programme with a thesis, dissertation or other large project? *

☐ Yes

☐ No

If Yes:

Title: _____

Nominal duration and/or credits earned: _____

Which types of job can you do with this qualification?

Additional information about the qualification

5. Professional experience as a teacher or educator in or outside Denmark

For each period of employment, please mention the period (from ... – to ...), the subjects you were employed to teach, the age range you were employed to teach, the name of the school and the country.

6. Additional information

NB: Do not give any sensitive personal information

7. Contact to institutions or authorities

Can the Danish Agency for Higher Education and Science contact relevant educational institutions and authorities in the country where you obtained your qualifications? *

☐ Yes

☐ No

If No: Why not?

8. Signature of the holder of the qualification

I certify that the information given in this application is correct and that the enclosures are authentic documents relating to me. I understand that submission of fraudulent documentation will be reported to the police.

I hereby consent to the Danish Agency for Higher Education and Science assessing my qualifications.

Date * _____ Place * _____

Signature * _____