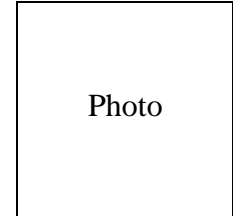


FTRB 2 APPLICATION FOR FULL REGISTRATION



1. PERSONAL DETAILS

Surname/Given Names: _____
 TPF/EDP _____ FNPF No. _____ FTRB Reg. No. _____
 Title eg. Ms/Mr/Mrs/Miss: _____ Date of Birth: _____
 Place of Birth: _____ Male Female
 Country: _____ Nationality: _____
 Postal Address: _____
 Residential Address: _____
 Employment Status: Private Civil Servant

Contact Details

Telephone (W) _____
 Telephone (H) _____
 Mobile _____
 Email _____
 Section: Primary Secondary Tertiary Kindergarten
 Teacher Administrator

2. PAYMENT DETAILS

FOR OFFICE USE ONLY

Please tick appropriate box(es)	2009	2010	2011	2012	2013	2014
Registration required for year(s)						

Payment amount: \$ _____ Number of years
 Payment total: \$ _____ Receipt No: _____
 Office at which payment was made: _____

3. CURRENT SCHOOL APPOINTMENT

Name of School/Institution: _____

Full-time Part-time Reliever

Nature of appointment if not classroom teacher: _____

I, _____ declare that I have
(Signature)

completed this application for Full Registration and that the information I have provided is true and correct.

4. PRINCIPAL'S/HEAD TEACHER'S/SECTION HEAD'S RECOMMENDATION

Full Name: _____

Designation: _____

School Stamp: _____

Registration Number: _____

School/Section: _____

I **fully recommend/do not recommend** that the officer be **granted/not granted** full registration.

Signature: _____ Date signed: _____

5. MINISTRY OF EDUCATION APPROVAL

(EO, SEO, DEO, DPE, DSE)

I **fully endorse/do not endorse** the **Principal's/Head teacher's/Section Head's** recommendation that the teacher be **granted/not granted** full registration.

Name: _____

Designation: _____

Registration Number: _____

Signature: _____ Date signed: _____

Ministry of Education

Stamp