

**FTRB4 APPLICATION FOR LIMITED AUTHORITY TO TEACH**

Photo

**1. PERSONAL DETAILS**

Family Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Title eg. Ms/Mr/Mrs/Miss: \_\_\_\_\_ Male  Female 

Date of Birth: \_\_\_\_\_ License No: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Country : \_\_\_\_\_

Postal Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Section: Primary  Secondary  Other **Contact Details**

Telephone (W) \_\_\_\_\_

Telephone (H) \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

**2. PAYMENT DETAILS**

Please note the following:

- Registration is for a calendar year-1 January to 31 December. There is no pro-rata rate for part year.
- The registration fee for individual is \$15 and lodgement fee is \$10 and for institutions the fee is \$250 must be paid before your application can be processed
- Payments may be made to cover a minimum one calendar year period to a maximum 2 calendar year period.
- Cash can be made payable to cashiers located at Lautoka, Ba, Rakiraki, Nausori, Sigatoka, Savusavu and Labasa Education Office, Headquarters Marela House, Bucalevu Secondary School, Vunisea Secondary, Fiji College of Advanced Education and Levuka Public Secondary School.

Forms sent directly to Headquarters are to make payments using bank draft, bank-cheque or TMO.

- For application lodged from overseas, payment must be in Fiji dollars.

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

Payment amount: \$\_\_\_\_\_ for  years (please specify number of years).

Payment total: \$\_\_\_\_\_ FTRB Trust Account No: \_\_\_\_\_

Receipt No: \_\_\_\_\_ Post Office Payment Made: \_\_\_\_\_

**3. CURRENT SCHOOL APPOINTMENT**

Name of School/Institution : \_\_\_\_\_

Commencement date : \_\_\_\_\_

Full-time  Part-time  Reliever

Nature of appointment if not classroom teacher: \_\_\_\_\_

**4. EDUCATION**

**Tertiary Teaching/Non Teaching and Professional Development**

**Qualifications : Certificates/Diploma/Certificates of Participation/Degrees etc. [Please attach Certified True Copies or if original copies it will be returned after processing]**

Name of Course	Institution	Country	Years/months of completion/participation	Remarks

5. **RECORDS OF TEACHING SERVICE**

Position	School/Institution Employing Authority	Country	Full-time/ Part-time	Date From	Date To

6. **MEDICAL CLEARANCE FORM**

- All existing teachers are to fill the Medical Clearance Form provided by the Fiji Teachers Registration Board.
- All new teachers are to provide a full Medical Clearance from a Medical Officer of their choice.

7. **GOOD CHARACTER CHECK FORM**

- All existing teachers are to complete the Character Check Form. This is to be attached with the application form.
- New teachers are to get Police Clearance by filling the Clearance Form from the Police Department and pay \$22.50 to Police Head Quarters.

The following person(s) are recommended to provide for the supporting endorsement: Registered Teacher, Registered Church Minister, Registered Pundit or Registered Molvi, Registered Pastor, current sitting or retired Magistrates and Judges.

8. **PERMISSION TO RELEASE INFORMATION**

- (a) I hereby authorize the Teacher Registration Board or its delegates to make enquiries and exchange information with any Teacher Registration Authority, employer/relevant institution concerning my registration to teach or other related matters.
- (b) I also give my consent and permission if relevant for the Teacher Registration Board or its delegates to access my academic records.

Signature of Applicant: \_\_\_\_\_

Date : \_\_\_\_\_

**9. DECLARATION**

- (i) Have you ever had your registration, licensing or status as a teacher on any other entitlement to teach cancelled or suspended or withdrawn in Fiji or in any other country? Yes  No
- (ii) Have you ever been refused registration, or licensing as a teacher in Fiji or in any other country? Yes  No
- (iii) Have you ever been dismissed from a teaching position in Fiji or any other country? Yes  No
- (iv) Have you ever been, or are you currently, the subject of disciplinary proceedings, or any other action that might lead to such proceedings, in relation to your employment in Fiji or in any other country? Yes  No
- (v) Have you ever been convicted or found guilty of any offence? Yes  No
- (vi) Have you ever been charged with any offence, whether or not you have been found guilty? Yes  No
- (vii) Are there any charges in relation to any offence pending? Yes  No

I, \_\_\_\_\_  
(Full name of applicant)

of \_\_\_\_\_  
(Full address of applicant)

declare that I have completed and read this application for Registration and that the information I have provided is true and correct. I acknowledge that a person making a false declaration is liable to a penalty of \$50,000 or imprisonment of 5 years or both (Teacher Promulgation 2008).

Declared by \_\_\_\_\_ at \_\_\_\_\_  
(Signature of applicant) (Place)

this \_\_\_\_\_ day of \_\_\_\_\_  
(Day) (Month and year)

before me \_\_\_\_\_  
(full name of witness)

Signed \_\_\_\_\_  
(signature of witness)

Phone (H) \_\_\_\_\_ Phone(W) \_\_\_\_\_ Mobile \_\_\_\_\_  
(To be witnessed by one of the following : Justice of Peace/Commissioner of Oath/Education Officer)

**10. PRINCIPAL'S/HEAD TEACHERS RECOMMENDATION**

(a) **Teaching Positions Offered**

Class/Form: \_\_\_\_\_

Role: \_\_\_\_\_

Main Subject/Duties: \_\_\_\_\_

Other Subject/Duties: \_\_\_\_\_

Suitability of Position: The position is temporary and for a specific contract term for \_\_\_\_\_ months/years until \_\_\_\_\_ (date/month/year). These are clear expectations for the role in this position having prime responsibility for planning, teaching, assessing, evaluating, lesson diagnosis, remedial and reporting for a group of students.

(b) **Suitability of Applicant**

I consider that the principal applicant is of good character, fit and has the necessary skills aptitudes and experience to perform all the Teaching duties specified in the contract of service.

(c) **PRINCIPAL/HEAD TEACHERS DETAILS**

Full Name: \_\_\_\_\_

School: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Date Signed: \_\_\_\_\_

(c) **Managers/Board of Governors Recommendation**

I, the undersigned support the endorsement of \_\_\_\_\_  
Name of the Applicant  
to teach at \_\_\_\_\_ after proper  
Name of the School  
discussion and approval by the Board members.

Full Name: \_\_\_\_\_ School: \_\_\_\_\_

Designation: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Manager)

School stamp \_\_\_\_\_

(d) **MINISTRY OF EDUCATION APPROVALS**  
(SEO, DEO, DPE, DSE)

I the undersigned fully support the endorsement of this applications.

Full Name: \_\_\_\_\_ Registration No. \_\_\_\_\_

Designation: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Ministry stamp \_\_\_\_\_

This is your CHECKLIST – please use it to ensure that you have completed all the entries in your application form. Please tick

	<b>APPLICANT</b>	<b>OFFICE USE ONLY</b>
1. Have you completed the form in full	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you attached documentary evidence of true copy <ul style="list-style-type: none"> <li>• Birth Certificates</li> <li>• Academic Records/Professional Development undertaken</li> <li>• Full Medical Report – New Teachers</li> <li>• Medical Clearance Form – Existing Teachers</li> <li>• Character Check Form – existing teachers</li> <li>• Police Clearance – new teachers</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. Have you had these documents certified as True and Accurate copies of the originals on every page by an authorized person	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you signed the permission to release information statement	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you signed the Declaration Section	<input type="checkbox"/>	<input type="checkbox"/>
6. Has the declaration section been witnessed	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you attached the Fee Payment receipt with the paid stamp	<input type="checkbox"/>	<input type="checkbox"/>