

FTRB 4 APPLICATION FOR LIMITED AUTHORITY TO TEACH (FOR ATTACHEES ONLY)

Photo

1. PERSONAL DETAILS

Name of attachee: _____

 Title eg Miss/Ms/Mrs/Mr: _____ Gender: Male Female

T. Number: _____ FTRB Number: _____

2. CONTACT DETAILS

Telephone: (work) _____

Telephone: (home) _____

Mobile number: _____

Email address: _____

Postal Address: _____

3. WORK DETAILS

Commencement date of attachment: _____

Nature of work involved: _____

Duration of attachment: _____

Name of approving authority: _____

Signature of approving authority: _____ Date: _____

I confirm that all the information herewith is true.

Signature of applicant: _____ Date: _____

(Please submit the following documents with your form; a **letter from the school confirming approval, original birth certificate, medical clearance from any registered Medical Practitioner, a receipt from any police station as evidence of application for police vetting and certified copies of certificates of qualifications**) Any Education Officer may be the certifying officer.