



FTRB 4 APPLICATION FOR LIMITED AUTHORITY TO TEACH RENEWAL

[ECE teachers, Language teachers, Part-time teachers and others
as advised by the FTRB Secretariat staff]

1. PERSONAL DETAILS

Miss/Ms/Mrs/Mr: _____
 Gender: Male Female
 Status in the school: Full-time: Part-time: Reliever: Attachee:
 Commencement date: _____
 Duration of duty at school during period of registration: _____
 T. Number: _____ FTRB Number: _____
 FNPF Number: _____
 Postal Address: _____

2. WORK DETAILS

Telephone: (work) _____
 Telephone: (home) _____
 Mobile number: _____
 Email address: _____

3. PAYMENT DETAILS

Payment amount is \$15 for every 2 years.

Receipt number: _____ Office at which payment was made: _____
(Please attach original receipt as evidence of payment)

4. SCHOOL APPOINTMENT

Name of school/Institution: _____
 Registration number of School/Institution: _____
 Status of School: School of Nine School Committee Private School
 Roll in School: _____

Signature of School Manager/Supervisor: _____ Date: _____

I confirm that all the information herewith is true.

Signature of applicant: _____ Date: _____

Note: Penalty shall be incurred if this form is received after the 30th of January 2011.