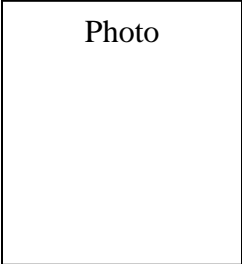




**FTRB 4 APPLICATION FOR LIMITED AUTHORITY TO TEACH
 (VOLUNTEERS ONLY)**



1. PERSONAL DETAILS

Family Name: _____

Given Names: _____

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

Date of Birth: _____ FTRB Number: _____

Place of Birth: _____ Country: _____

Residential Address while in Fiji: _____

Postal Address in Fiji: _____

Section: ECE Primary Secondary Other

Name of school/institution in Fiji: _____

2. CONTACT DETAILS

Telephone: (work) _____

Telephone: (home) _____

Mobile number: _____

Email address: _____

3. WORK DETAILS

Name of Agency/Embassy: _____

Address: _____

Telephone: _____

Contact person: _____

Name of school: _____

Commencement date: _____

Nature of work involved: _____

Duration of stay in Fiji: _____

I confirm that all the information herewith is true.

Signature of the applicant: _____ Date: _____

(Please submit the following documents with your form; a copy of your passport and a letter from the Agency/Embassy which recruited you from your country)