

**FTRA FORM 2**  
**APPLICATION FOR THE RENEWAL OF REGISTRATION**



# FIJI TEACHERS REGISTRATION AUTHORITY

Level 2, Harbour Front Bldg, Rodwell Road | GPO Box 12671 | Suva, Fiji Islands | Phone: (679) 3100 125 / 3311 175 / 999 2332 | Website: www.ftra.com.fj

**Application Type:**

	<u>Applicant</u>	<u>Official Use</u>
Renewal of Full Registration	<input type="checkbox"/>	<input type="checkbox"/>
Renewal of Provisional Registration	<input type="checkbox"/>	<input type="checkbox"/>
Renewal of Limited Authority to Teach (LATT)	<input type="checkbox"/>	<input type="checkbox"/>

**Section:**

Primary     Secondary     ECE     Teacher Educator     Others (\_\_\_\_\_)

**FTRA Registration Renewal Requirements Checklist** – Please ensure the “FTRA Form 2” are fully and accurately completed. Please tick the following respective box:

Requirements/Checklists	Applicant	Office use
1. Fully & Accurately Completed & Endorsed FTRA Form 2	<input type="checkbox"/>	<input type="checkbox"/>
2. Applicable Fee OR Fee Receipt Copy	<input type="checkbox"/>	<input type="checkbox"/>
3. Expatriate: Work Permit Copy	<input type="checkbox"/>	<input type="checkbox"/>

**FEE PAYMENT DETAILS:**

***The Renewal Registration Fee must be paid prior to the Renewal of Registration being granted.***

- (A) **PROVISIONAL: \$30 For 1 Year**
- (B) **LIMITED AUTHORITY TO TEACH (LATT): \$15 for 2 Years**
- (C) **FULL: \$90 for 3 Years**
- (D) **EXPATRIATE: \$100 for 1 Year**

*Please Check With The FTRA Office If You Are Unsure Of The Applicable Fee*

***Please note the following:***

- Registration Renewal is for a calendar year-1<sup>st</sup> January to 31<sup>st</sup> December. There is no pro-rata rate for part year.
- For application lodged from overseas; payment must be in Fijian Currency.
- All forms to be fully completed and endorsed before submitted to FTRA.

**Please do not submit your Application until all sections of the form are accurately completed; attach the respective requirements with the Completed FTRA Form 2 as stipulated above.**

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**PERSONAL DETAILS**

[Names as per the Birth Certificate]

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

Title: (Ms/Mr/Mrs/Miss/Dr): \_\_\_\_\_ Male  Female

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Country: \_\_\_\_\_ Town/City: \_\_\_\_\_

TPF/T Number: \_\_\_\_\_

**Contact Details**

Telephone (W): +679 \_\_\_\_\_

Telephone (H): +679 \_\_\_\_\_

Mobile: +679 \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Payment Amount: \$ \_\_\_\_\_ for  Years (Please Specify Number of Years)

Date of Payment: \_\_\_\_\_

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

Please tick appropriate box(es)	2020	2021	2022	2023	2024	2025	2026	2027	2028
Registration required for year(s)									

**1. CURRENT SCHOOL APPOINTMENT**

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

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

Full-time  Part-time  Reliever

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

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**PRINCIPAL'S/HEAD TEACHER'S/EDUCATION OFFICER'S RECOMMENDATIONS**

	YES	NO
<ul style="list-style-type: none"> <li>This Practicing Teacher/Teacher Educator/Teacher Administrator is of good character and fit to be a teacher.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>This Practicing Teachers/Teacher Educators/Teacher Administrators performance has been assessed as satisfactory on all the performance Appraisal/Performance Framework/APA</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>This Practicing Teacher/Teacher Educator/Teacher Administrator has satisfactorily completed the necessary Professional Development (20 hours of Internal, External/Research and contribution to literature)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

Full Name: \_\_\_\_\_ School/Institution: \_\_\_\_\_

Designation: \_\_\_\_\_ School Registration No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

*I confirm that all the information herewith is true and correct.*

School/Institution Stamp: \_\_\_\_\_

**1. PAYMENT DETAILS FOR RENEWAL OF RESPECTIVE REGISTRATION**

**FTRA fee can be made payable to Cashiers located at:**

- FTRA Suva office
- EDUCATION OFFICE: Lautoka, Ba, Rakiraki, Sigatoka, Savusavu, Labasa
- 13 Government Schools :

1. Adi Cakobau School	2. Bucalevu Secondary School	3. Delainamasi Govt School
4. Labasa College	5. Levuka Public Sec. School	6. Nasinu Secondary School
7. Natabua Primary School	8. Natabua High School	9. Queen Victoria School
10. Ratu Kadavulevu School	11. Sila Central High School	12. Suva Grammar Secondary
13. Vunisea Secondary		

**Note: Application Forms sent directly to FTRA Suva Office should be accompanied with a Bank Draft or Bank Cheque. Personal cheques are NOT accepted. All cheques are to be made payable to the Permanent Secretary for Education.**

FTRA Chief Executive Officer's Approval: \_\_\_\_\_

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