

FTRA FORM 3
APPLICATION FOR REGISTRATION – INDIVIDUAL SPEAKER



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:

Individual Speaker

(For individuals who impart knowledge to students for less than half a day in one session)

FTRA Registration Requirements\Checklist:

Individual Speaker

Applicant

Official Use

1. Fully & Accurately Completed & Endorsed FTRA Form 3

1. CONTACT DETAILS

Name of the Speaker/Guest: _____

Occupation: _____

Telephone: _____ Mobile: _____

Email Address: _____

Name of the Programme: _____

Duration of the Programme/Visit to School: _____

(Provide Dates and Term/Timeframe)

2. PRINCIPAL'S/HEAD TEACHER'S RECOMMENDATION

Principal/Head Teacher of the School: _____

Type of programme: _____

(Awareness, Keynotes, Social Functions, Devotion etc.)

Date of Event: _____

Suitability of Applicant

I consider that the Applicant is of good character and has the necessary qualification, skill and aptitude relevant to the role he/she is invited for so as to assist our students.

Full Name: _____ Designation: _____

School: _____ School Registration No. _____

Principals/Head Teacher TPF No. _____ Signature: _____

Date: _____

School Stamp: _____

FTRA FORM 3
APPLICATION FOR REGISTRATION – INDIVIDUAL SPEAKER

3. **DISTRICT EDUCATION OFFICE APPROVAL:** District Name: _____

I, the undersigned support and endorse this application.

Full Name: _____

Designation: _____

District Education Office Stamp: _____

- *After Approval is granted by the District Office, a copy is to be emailed to FTRA Office*
- *The FTRA Has Given The Retrospective Approval To This Application.*

OR

4. **FIJI TEACHERS REGISTRATION AUTHORITY APPROVAL**

Full Name: _____

Signature: _____

Designation: **Chief Executive Officer (CEO)**

Date: _____

FTRA Stamp: _____

[Exempted from paying fee]