

**FTRA FORM 4**  
**APPLICATION FOR REGISTRATION - INSTITUTIONAL**



# 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:**

- Government Department [*Exempted from paying fee*]
- Statutory Bodies/NGO/Volunteer Organization
- Teacher Training Institutions

**FTRA Registration Requirements\Checklist** –Please tick the following respective box:

**Government Department**

	<b>Applicant</b>	<b>Official Use</b>
1. Fully & Accurately Completed & Endorsed FTRA Form 4	<input type="checkbox"/>	<input type="checkbox"/>
2. Letter from their Department/Ministry	<input type="checkbox"/>	<input type="checkbox"/>
3. Approval from PS MEHA	<input type="checkbox"/>	<input type="checkbox"/>
4. Programme Brief/Proposal/Plan	<input type="checkbox"/>	<input type="checkbox"/>

**Statutory Bodies/NGO's/Volunteer Organisations**

	<b>Applicant</b>	<b>Official Use</b>
1. Fully & Accurately Completed & Endorsed FTRA Form 4	<input type="checkbox"/>	<input type="checkbox"/>
2. Approval Letter from Permanent Secretary MEHA	<input type="checkbox"/>	<input type="checkbox"/>
3. Written details of the Project	<input type="checkbox"/>	<input type="checkbox"/>
4. Passport Size Photo	<input type="checkbox"/>	<input type="checkbox"/>
5. Academic Qualification Certificates	<input type="checkbox"/>	<input type="checkbox"/>
6. Police Clearance	<input type="checkbox"/>	<input type="checkbox"/>
7. Medical Report	<input type="checkbox"/>	<input type="checkbox"/>
8. Passport Copy	<input type="checkbox"/>	<input type="checkbox"/>
9. Work Permit/Volunteer Visa ( <i>if applicable</i> )	<input type="checkbox"/>	<input type="checkbox"/>
10. Programme Brief/Proposal/Plan	<input type="checkbox"/>	<input type="checkbox"/>

**Teacher Training Institution**

	<b>Applicant</b>	<b>Official Use</b>
1. Fully & Accurately Completed & Endorsed FTRA Form 4	<input type="checkbox"/>	<input type="checkbox"/>
2. List of Practicum Students ( <b>With Full Names as per BC</b> )	<input type="checkbox"/>	<input type="checkbox"/>
3. Police Clearance Report for Practicum Students	<input type="checkbox"/>	<input type="checkbox"/>

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**1. CONTACT DETAILS (Institution/Government Department)**

Name of Institution: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of the Programme: \_\_\_\_\_

Programme Description: \_\_\_\_\_

Facilitators: \_\_\_\_\_

*(Submit Respective Requirements as Noted Under the Requirements Section List on Page 1)*

Duration of the Programme/Visit to School: \_\_\_\_\_

*(Provide Dates and Term/Timeframe)*

**2. FEE PAYMENT DETAILS:**  
**(Recommended for Statutory Bodies & Institutions only)**

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

(A) ANNUAL FEE (New/Renewal): **\$250.00**

(B) LODGEMENT FEE (New Applications): **\$10.00**

Payment Amount: \$ \_\_\_\_\_ Receipt Number: \_\_\_\_\_

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

Office at which the payment was made: \_\_\_\_\_

**Note:**

- **Personal cheques are NOT accepted.**
- **All cheques are to be made payable to the Permanent Secretary for Education.**
- **Payments are to be made in Fijian Dollars**

**3. FIJI TEACHERS REGISTRATION AUTHORITY APPROVAL**

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_ FTRA Stamp: \_\_\_\_\_