



# FIJI TEACHERS REGISTRATION AUTHORITY

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## FTRA FORM 3

### APPLICATION FOR REGISTRATION – INDIVIDUAL SPEAKER

#### **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: \_\_\_\_\_

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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]*