

Ministry of Education and Training
TRANSFER REQUEST FORM FOR 2023 (four pages)

For PERMANENT EMPLOYEES only

(Please submit to CEO for Education and Training by 01 September, 2023; you can also email Form to metregistryoffice@gmail.com)

1	Last Name		
2	First and other names (as on birth-certificate) – females to add married name if married)		
3	Date of Birth (day / month / year)		
4	Gender (Male or Female)		
5	Marital Status (Married/Single/Widowed/Separated)		
6	No. and age of Dependent children (under 18)		
7	Where is your original place of residence/village (village that you come from)		
8.	(i) Where are you residing now?		
9	(i) Name of your current school? (ii) Title of your current post? (TUT, SAT, SATD, ATD, ATG, ASL, SL, etc)? (iii) What is the salary <u>Band</u> of your post?	(i) (ii) (iii)	
10	Work History / Employment Record	Please submit your work history in the attached form (page 3)	
11	If you have worked in the outer islands, how many years in total have you worked there (outside Tongatapu?)		
12	If a secondary / tertiary school teacher, what are your areas of teaching?	Main subject & Form(s) taught:	Minor subject & Form(s) taught:
13	I wish to be transferred to (list schools of your choice →)	1 st choice	
		2 nd choice	

14	<p>Reason(s) for seeking transfer (<u>please provide relevant supporting documentation for the reasons given, for example, if you wish to be in the same location with your spouse, please submit a letter from your spouse's employer confirming location of employment</u>)</p> <p style="text-align: right;"><i>Add additional paper if necessary</i></p>
15	<p>If another teacher has agreed to swap with you, please state the name and post and Salary Band of teacher below and attach his / her letter of agreement to swap.</p> <p> Name: _____ Post: _____ Band: _____ </p>

Signature of Employee applying for

Transfer: _____

Date: _____ Phone contact: _____ Email
address: _____

Name and Signature of Principal of School:

Name and Signature of Head of division:

WORK HISTORY – EMPLOYMENT RECORD

FULL Name of Employee:

[illegible]

FOR OFFICIAL – MINISTRY'S USE ONLY

(DECISION OF THE MINISTRY'S STAFFING CONSULTATION MEETING)

☐ Recommended for approval :

Recommended School / Division to be transferred to?	Recommended replacement? Provide name, post, band and location of replacement teacher / officer.

Note: All recommendations for transfer must also have a recommendation for a replacement teacher / officer unless school / division is overstaffed and a replacement is not required.

☐ Not recommended for approval

State below reason for not recommending approval:

Name of Deputy CEO:

Signature: _____ **Date:**
