



MINISTRY OF EDUCATION TONGA

TR201: APPLICATION FORM FOR TEACHER REGISTRATION

(Regulation 8(1))

Complete this form if you wish to apply for Full Registration, Provisional Registration Limited Authority to Teach or an Extension or Renewal of Registration under the Education Act and Education (Teachers' Registration) Regulations.

SECTION A: PERSONAL DETAILS

1. Identifying details

Title: Mr/Mrs/Miss/Dr./Other: _____

Surname: _____

First name: _____

Middle name (s): _____

Previous name(s) or aliases: _____

Gender: Male / Female

Marital Status: ☐ Married ☐ Never Married ☐ Single ☐ Widow ☐ Divorced

Religion: _____

Nationality: _____

Date of birth: _____ Place of birth: _____

Passport number **OR** National ID number: _____ Expiry date: _____

(Please provide a certified copy of your passport identification page)

Passport photo

2. Contact details

Home address: _____

Postal address: _____

Home telephone: _____

Work or alternate telephone: _____

Mobile number: _____

Email address: _____

Alternate email address: _____

3. Application Type (Select one)

Full Registration

Exemption from registration: _____

4. Teaching Level (Select one)

☐ Special Education ☐ ECE ☐ Primary ☐ Secondary ☐ Tertiary ☐ Community

SECTION B: EDUCATION

2. TNQAB Assessment Report

You will need to have a Tonga National Qualifications Board assessment report of your qualification. If you have applied to TNQAB, please write your application number below. If you have not applied to TNQAB, please make an application now.

| | |
|------------------------------|--|
| TNQAB Application Number: | |
|------------------------------|--|

3. Qualifications (List from the most recent first)

| Qualification name | Subject Major | Institution | Location | Length of course | Year completed |
|--------------------|------------------|-------------|----------|---------------------|-------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Please provide certified copies of your transcripts for the qualifications listed above.

4. Practicum

Did you complete practicum (period of supervised teaching) as part of your teaching qualification/initial teacher education programme? (Tick one)

- ☐ **YES – please provide a transcript of your qualification which shows this practicum has been completed, then answer the questions that follows;**
- ☐ **NO – please proceed to Section C.**

How long was the practicum?

| |
|--|
| |
|--|

What type of institution was this practicum completed in?

| |
|--|
| |
|--|

What age group did you teach during this practicum?

| |
|--|
| |
|--|

SECTION C: EXPERIENCE

5. Teaching Experience – (Start from the current school/ Institution to the first you started in)

| Position | Area of teaching | Institution | Location | From month/year | Full time | Part time/hours worked per week |
|-----------------|-------------------------|--------------------|-----------------|------------------------|------------------|--|
| | | | | / | | |
| | | | | / | | |
| | | | | / | | |
| | | | | / | | |
| | | | | / | | |

(Continue on separate page if needed)

6. Supervised Teaching Experience – Professional Status

| | | |
|-----|----------------|--|
| YES | NO (go to (c)) | (a) Since being recognised as a teacher, have you completed a planned programme of supervised teaching with a member teacher? |
| YES | NO | (b) Was this programme completed in the general education system of the country? |
| YES | NO | (c) Have you held a senior teaching position (eg. Principal, Deputy Principal, Head Tutor, Senior Tutor, Head of Department, Senior Mistress) |
| YES | NO | (d) Do you hold a professional status (eg Pro ViceChancellor, Vice-Chancellor, Adjunct, Emeritus, Professorship, Dean) issued/recognised by a professional teaching body? (eg.TIOE, USP) |

*Please attach a certified copy and add details below if you answered 'YES' to question (d).

| Name of award | Awarded by | Date awarded |
|----------------------|-------------------|---------------------|
| | | |
| | | |
| | | |

7. Other professional qualifications or experience

| Name of qualification | Awarded by | Date awarded |
|-----------------------|------------|--------------|
| | | |
| | | |
| | | |

Please provide details of other professional experience:

SECTION D: POLICE CERTIFICATES

10. Police Certificates

If this is your first time registering, please list the countries you have been in for 12 months or more in the last 10 years. Attach a police certificate from each country where you have worked for a period of 12 months or more.

| Name of Country | From Month / Year | To Month / Year | Police Certificate |
|-----------------|----------------------|--------------------|------------------------|
| | / | / | Attached / Applied for |
| | / | / | Attached / Applied for |
| | / | / | Attached / Applied for |
| | / | / | Attached / Applied for |

(Continue on separate page if needed)

If you are applying for an extension or renewal of registration, please list the countries you have been in for 12 months or more in the last 3 years. Attach a police certificate from each country where you have worked for a period of 12 months or more.

| Name of Country | From Month / Year | To Month / Year | Police Certificate |
|-----------------|----------------------|--------------------|------------------------|
| | / | / | Attached / Applied for |
| | / | / | Attached / Applied for |

(Continue on separate page if needed)

SECTION E: LANGUAGE PROFICIENCY

11. Proficiency in Tongan language:

| | | |
|-----------|------|------|
| Very Good | Fair | Poor |
|-----------|------|------|

12. Proficiency in English:

| | | |
|-----------|------|------|
| Very Good | Fair | Poor |
|-----------|------|------|

Please tick as applicable:

Teacher education in English and in a country where English is the official language ____

English is first spoken language and medium of instruction in all schooling and qualifications ____

English language test (attach certified copies of results) ____

13. Proficiency in Other language (please specify):

| | | |
|-----------|------|------|
| Very Good | Fair | Poor |
|-----------|------|------|

SECTION F: FEE PAYMENT

13. Payment Method (Circle one)

CASH CHEQUE DEBIT CARD CREDIT CARD

14. Fee Schedule

The fee that applies will be determined by the prescribed fee(s) at date the application form is received by the Ministry of Education.

| Application type | Fee (TOP) |
|---|------------------|
| Certificate of Full Registration | \$75.00 |
| Extension of registration | \$40.00 |
| Renewal of registration | \$65 |
| Certificate of Provisional Registration | \$50.00 |
| Limited Authority to teach | \$00.00 |
| Late application fee | \$25.00 |

SECTION G: APPLICANT DECLARATION

15. Declarations – Answer each of the declaration boxes below:

| | | |
|-----|----|---|
| YES | NO | Have you ever been dismissed from a teaching position in Tonga or another country? |
| YES | NO | Have you ever had teacher registration refused or cancelled in any country? |
| YES | NO | Do you have a physical condition that may affect your ability to carry out a teaching role safely and satisfactorily? If yes, please specify: |
| YES | NO | Are there any matters for which you are currently under investigation which may call into question whether you are fit to be a teacher in the Kingdom of Tonga? |
| YES | NO | If you are not a Tongan citizen, do you have immigration approval to be employed in Tonga? |

16. Acknowledgments and Statement of consent

I, _____ solemnly and sincerely declare that, to the best of my knowledge and belief, all the information in this application is entirely true and correct.

I confirm that I can speak lucidly and write clearly in Tongan and/or English.

I understand that the Ministry of Education will retain the information that I provide together with this application for the purposes of the Education Act and regulations made under the Act.

I consent to the disclosure of information contained in this form to other Ministries/ Department/ Agencies of the Government as required, or to relevant international organisations that provide assistance to the Government of the Kingdom of Tonga.

I, the above-named, hereby consent to the disclosure by the Tonga Police of any information that they may have to the Ministry of Education.

I understand that the Ministry of Education may contact institutions or individuals named in this application, to verify the information provided.

I accept that the Ministry of Education or the Department of Statistics may use any of the information on this form for statistical purposes in accordance with the Education Act and/or the Statistics Act.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Date application received: _____

Name of receiving officer: _____

Application number issued: _____