


Annexure 2: Application Form

	<h3 style="color: red;">APPLICATION FORM</h3> <h3 style="color: red;">For Recognition of Qualification</h3>
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Please complete the application form, attaching the required documents and payment to this form.

Mark your application for the attention of the Qualification Division and:

Mail to Tonga National Qualifications and Accreditation Board

Qualifications Division

P.O.Box 65, First Floor, Molisi City Central, Salote Road, Nuku'alofa, Kingdom of Tonga.

Tel: (676) 28 136 | Fax: (676) 28 138 | email: info@tnqab.to

Or deliver to TNQAB at Reception, First Floor, Molisi City Central, Salote Road, Nuku'alofa.

1. PERSONAL DETAILS OF QUALIFICATION HOLDERS
Date of birth: DD - MM - YYYY (include copy of ID/passport)
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Other:.....
Family name/ surname:.....
Maiden name (if applicable):.....
First names:
Marital Status: single <input type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widow/widower <input type="checkbox"/>
Nationality:.....
Postal Address:
Residential Address:
Home Telephone:
Mobile Telephone:
Work Telephone:
Email:
Fax:

2. PERSONAL DETAILS OF CONTACT PERSON (applying on behalf of the qualification holder (if applicable))

Title: Mr Ms Mrs Prof Dr Other:.....

Initials and surname:.....

Company/institution:.....

Postal Address

Fax:

Home Telephone:

Mobile Telephone:

Email:

3. PURPOSE OF THE APPLICATION

Evaluation required for (tick one or more):

General Employment

Permanent residence

Professional registration/licensing

Further study

Secondary
School Level

Higher
Education Career
Orientated

University
undergraduate
and degree level

University
postgraduate

Home Affairs

Quota work permit

General work permit

Other
Please specify

4. INFORMATION REGARDING THE QUALIFICATION		
Name of Education or Training Institution		
Web address		
Email address		
Phone		
Postal address		
Status of Educational Institution	Private <input type="checkbox"/> Public <input type="checkbox"/>	
Name of Awarding Body (if different from Education or Training Institution)		
Web address		
Email		
Phone		
Title of Qualification in original language (if other than English)		
Title of Qualification in English		
Specialisation/ main field of study		
Date started (dd/mm/yyyy)		
Date completed (dd/mm/yyyy)		
Study Mode		
Length of Programme of study (according to curriculum)		
Year qualification was awarded		
Contact details of official at institute who can supply further details about the course of study (E.g. Registrar, Principal, Dean, etc)	Title	
	Name	
	Address	
	Email address	
	Phone number	

5. ADDITIONAL INFORMATION REGARDING THE QUALIFICATION		
Did the programme of study include a research paper/thesis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What was the title of the paper/thesis?		
Duration of Paper/Thesis work? (number of weeks)		
Did the programme of study include a work experience component?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what was the duration of the work experience?		
Contact details for where the work component took place (E.g. Manager, Principal, CEO)	Title	
	Name	
	Address	
	Email address	
	Phone number	
Any further information relevant to establishing comparability of your qualification e.g. study periods at another institution, credit granted on the basis of another award etc.		

6. DOCUMENTS INCLUDED

in compliance with requirements as set out (refer to Application Guide). Tick (✓) as applicable.

		Original documents	Original language	Sworn translation
Secondary education	Official school leaving certificate(s)			
	Statement(s) of results issued by official examining body			
	Official statements in lieu of certificates			
	Other:			
Higher education	Certificate(s)			
	Diploma(s)			
	Degree(s)			
	Postgraduate qualification(s)			
	Statement(s) indicating the award of a qualification/s			
	Transcript(s) of Academic Record (Subject List/s)			
	Other:			

7. PRODUCTS/SERVICES AND TARIFFS

I need a Qualification Assessment Report to be processed under the category of priority indicated below:

Please tick (✓)	Category of Priority	Duration	Fees per Certificate Evaluation
<input type="checkbox"/>	Normal priority	35 working days	TOP\$100.00
<input type="checkbox"/>	Special priority	On special request	TOP\$400.00
<p>Note: Working days are days on which TNQAB is open for business and exclude Saturdays, Sundays, public holidays and the annual recess in December/ January. Details of the latter will be communicated to clients well in advance. This excludes time required to receive verification, additional information or documents necessary to complete the assessment.</p>			

8. REQUIRED METHOD OF DISPATCH OF ASSESSMENT OUTCOMES

- To be posted to the postal address provided under personal details above.
- To be collected from the TNQAB office. Applicants will be called on the telephone number(s) or email provided under personal details above and collection arranged only once results are ready – kindly wait to be contacted.

9. DECLARATION BY APPLICANT

- I understand the purpose and legal status of TNQAB evaluation.
- I accept that although TNQAB will treat my application with the necessary urgency, factors outside their control may delay processing.
- I have provided all true and correct information required in this document.
- I understand TNQAB will verify the qualifications and information provided.
- I authorised TNQAB to make enquiries with third parties regarding the qualifications and information provided.

Name: (Please print):.....

Signature:.....

Date:.....

FOR OFFICE USE ONLY	Ref. No.:	Payment:
Received:.....	Internal check:.....	Completion: