



TUPOU TERTIARY INSTITUTE (TTI)

FASI & POUONO CAMPUS

Application for an Offer of Place Form

All application forms should reach the TTI registration office NO LATER THAN FRIDAY 26th Jan 2024

TTI is a Christian Higher Education Institution of the Free Wesleyan Church of Tonga

TTI Main Campus
Lavinia Rd, Fasi –moe –Afi
Nuku'alofa
Telephone: (676) 28-890 or 28-889
Email: office@tti.to
Web Site: www.tti.to

TTI Pouono Campus
Laifone Rd, Waterloo, Kameli
Neiafu, Vava'u
Telephone: (676) 70-995

PLEASE READ THE INSTRUCTIONS BELOW CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION FORM

INSTRUCTIONS

The purpose of this application form is to obtain the information we need to offer you a place at TTI. This form also specifies the legal conditions of your enrollment with TTI.

The applicant (prospective students) must complete the application form by

- **COMPLETING** Sections, A – G of this form by printing answers clearly or tick the appropriate box.
- **SIGNING** the form and attaching all additional documentation that is required.

A PERSONAL DETAILS - PRINT your full legal name (as per Birth Certificate)			
1	Family Name:	2	First Name(s):
3	Preferred First name:	4	Gender (please tick) Male <input type="checkbox"/> Female <input type="checkbox"/>
5	Preferred title: Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> other (specify) :		
6	Date of Birth <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div> day month year	7	Guardian's name:
8	Applicant's Home Address:	9	Guardian (s) address (if different from home address)
Phone: Mobile:		Phone: Mobile:	
Facebook: Email:		Facebook: Email :	
B ACADEMIC INFROMATION			
1	Secondary / High School		
	Name of Last secondary / High School	
	What Year was your final year at secondary school?	
	Level (F5, 6 or 7) and exam passed (TSC, TFSC, or TNFSC)	
	<i>(Please enclose original academic results and a copy for F5 & F6 & F7)</i>		

2 Tertiary Study

Have you ever enrolled in any tertiary education institution? Yes No

Name of University /Institute / College Country

How many years you attended tertiary education? Years

Name of qualification gained:(Please enclose certified academic results)

C DOCUMENTATION

You must provide ORIGINAL AND A COPY of the following *Attached (please tick)*

Birth Certificate ONLY	<input type="checkbox"/>
Academic Certificates and Transcripts	<input type="checkbox"/>
Reference letter from Principal of the last school/institute you attended or current employer if you're working	<input type="checkbox"/>
Two recent passport photos (Original Only)	<input type="checkbox"/>
Police Record (Aged Care Programme Only)	<input type="checkbox"/>

(Forms will NOT be accepted if the above are not completed)

D PROGRAMME OF STUDY

Please tick the program you are applying for:

TTI FASI CAMPUS ONLY		
<input type="checkbox"/>	Certificate in Information Technology Level 5	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Business Level 4	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Information Technology Level 4	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Music and Performing Arts Level 4	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Teaching Studies Level 4	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Architectural Technology Level 4	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Social Practice and Counselling Level 4	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Youth Development Level 4	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Aged Community Care Level 2	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Aged Community Care Level 3	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Sports and Health Science Level 4	<input type="checkbox"/>
TTI POUONO CAMPUS ONLY		
<input type="checkbox"/>	Certificate in Automotive Engineering Level 2	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Automotive Engineering Level 4	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Carpentry Level 3	<input type="checkbox"/>
<input type="checkbox"/>	Certificate in Marine Multi-Skills Level 3	<input type="checkbox"/>

E CONDITION OF ACCEPTANCE

Successful applicants for all programmes will be informed by email or telephone by **2nd February 2024** and your place will be confirmed by paying the **Registration of TOP \$ 210** during enrollment on **7-9th of Feb 2024**. Late enrollment will be on the **12-16th of Feb 2024** with a late registration fee of \$50. All students are required to attend **Enrollment** and all new students **MUST** attend the **Orientation Days** on **5-6th Feb 2024 at 9am**.

F STUDENTS DISCLOSURE INFORMATION

Payment, Withdrawal, Refund Policy and Character Building Programme

(a) Application procedure

- Applicants need to complete all sections of the TTI Application Form, attach all relevant information and forward to the **TTI Registration office, Lavinia Rd, Fasi moe Afi, Nuku'alofa or TTI Pouono Campus, Laifone Rd, Waterloo, Kameli, Neiafu, Vava'u respectively.**

(b) Withdrawal and Refund Procedures

(i) For all the programs 75% of the fees paid or expected to pay towards will be refunded if the student withdraws prior to or Within two **(2) weeks** of the programme commencement. Withdrawals **after four (4) weeks** of classes commence should be liable to pay all TTI fees.

(ii) Any application for withdrawal with refund **MUST** fill and submit the appropriate withdrawal form (from the administration office) and must state reasons in full. Written confirmation from sponsors/guardians/parents is required.

(c) Character Building Programme

- Applicants **MUST** enroll in the Character Building Programme which is mandatory for all TTI students.

G. DECLARATION BY APPLICANT

(a) I Declare that the information supplied in this application and the attached document is correct and complete.

(b) I have read and accept the Enrollment, Payment, withdrawal and Refund Policy above.

(c) I understand it is my responsibility to follow all regulations and policies of TTI.
I give permission for TTI to contact my sponsors/guardians/parents if the need arises.

Signature and name of applicant student.

Signature: Print Name..... Date.....

If not sign by prospective student, please sign and give name, and relationship to applicant

Signature..... Print Name..... Relationship to Applicant:

Date.....

TTI Registration Services ONLY: Approval of Program (s)

Approved Declined Date of Approval.....

Comments/Conditions:

Sign by Program Manager..... Sign by Dean Academic.....

Date: Date:.....

Additional Information

1. Blood Type: _____

2. Medical Condition/Health Issues: _____

3. COVID Vaccination: Yes or No (Please circle your answer – This is for our information only. Your application will not be affected if you're not vaccinated. If your answer is yes, please provide the original and a copy of your Vaccination Card if you still have it in your possession.

4. Why have you chosen to apply to TTI?

5. Why should we offer you a place at TTI for 2024?