





THIS FORM IS ONLY FOR GOVERNMENT EMPLOYEES

This application may be deemed ineligible if all sections are not completed. Insert "NA" in sections that are non-applicable.

Applicant's Given Name/s Applicant's Surname Name of Ministry Applicant's Title Name of Employment Location of Employment Does the Ministry support this application? Would you rehire this person? Yes No	Form 5 • Tonga Study Awards •	2016-Intake • CEO Acknowledgement	
Dates of Employment Location of Employment Does the Ministry support this application? Would you rehire this person?	Applicant's Given Name/s	Applicant's Surname	
Dates of Employment Location of Employment Does the Ministry support this application? Would you rehire this person?			
Does the Ministry support this application? Would you rehire this person?	Name of Ministry	Applicant's Title	
Does the Ministry support this application? Would you rehire this person?			
	Dates of Employment	Location of Employment	
Yes No Yes No	Does the Ministry support this application?	Would you rehire this person?	
	🗌 Yes 🗌 No	🗌 Yes 🗌 No	

How would your Ministry benefit from the applicant's proposed study?

Please write any other comments that would assist us in understanding this applicant's motivation and abilities:

Signing this form is an acknowledgement that the organization is supportive of the application and plans for the release of the applicant. The organization agrees to release the applicant should the applicant be successful.

CEO's Signature	CEO's Name (please print)	Date

(Please stamp this form with your Ministry's official stamp, firmly seal it in an envelope stamp the seal of the envelope several times and return it to the applicant.)