

1.10 Letter of Declaration of Financial Standing

**To: Senior Director
National Council on Technical and Vocational Education and Training (NCTVET)
Gordon Town Road, Kingston 7**

This certifies that _____,
(Name of Organisation)
at _____,
(Address)

has the financial resources to support the training activities for all programmes for which it has applied to the National Council on Technical and Vocational Education and Training (NCTVET) for accreditation.

Head of Organisation: _____

Signature: _____ Date: _____

Affix official stamp here:

2.2, 2.3, 2.9 Human Resource Matrix

Human Resource Matrix				Date:
Staff ID:		Position:		
Name:		Type:		

Qualification	* Training Competencies (Where Applicable)	Related Industry Experience	Professional Development
- Example - BSc. Chemistry and Management	BCGPAD0191A: Prepare for Painting and Decorating Process	Research and Development Sp. Sherwin Williams (1999 – 2001)	Paint Technology Seminar – Cleveland, Ohio (June 98)
Diploma in Education			

* (NB) Qualification Plans may be attached indicating relevant competencies.

2.4 - Personal Details Information Form

Instructions: This form is to be completed for each staff member.

The following information is needed in case of an emergency:

Personal Details

Employee's Name: _____

Employee's Address: _____

Contact numbers: Home _____ Mobile _____

Contacts in the event of an emergency:

1		2	
Name		Name	
Relationship		Relationship	
Address		Address	
Telephone Numbers	(Home)	Telephone Numbers	(Home)
	(Work)		(Work)
	(Mobile)		(Mobile)

Other Personal Details

Food Allergies	Drug Allergies	Other Conditions

Blood Group: _____

Additional Information in the event of an emergency

Doctor's Name: _____

Address: _____

Contact numbers: Office _____ Mobile _____

2.4 - Personnel/Staff Orientation Form

Instructions: This form is to be completed for each new staff member

JOB REQUIREMENTS		Reference	Yes	No
Security & Confidentiality	Security obligation that must be observed and policy about confidentiality	Hand out material covering requirements		
Introduction to colleagues	Introduce new employees to immediate supervisor and any colleagues	Informal introductions but avoid use of nicknames		
Organizational Chart	List of employees and organizational chart indicating roles and responsibilities	Employee list, Organizational chart and responsibilities		
Introduction to Company training culture	<ul style="list-style-type: none"> ▪ Company training history ▪ Training Plan ▪ In-house training ▪ Off-the-job training ▪ Professional development 	Organization's training manual. Training Plans		
Legislation/Policies	Discuss applicable legislation including: <ul style="list-style-type: none"> ▪ HEART Act - 1982 ▪ Workplace Health and Safety Act ▪ Copyright Act ▪ Organization's policy on discrimination and disability 	Copies of legislation or booklets that provide a good overview Access to documents		
TVET Technical Operating Model (TOM)	Discuss the: <ul style="list-style-type: none"> ▪ TOM with reference to HEART Trust policies ▪ NCTVET with reference to accreditation and certification policies ▪ NQF with reference to organization's policies ▪ Employee's role in maintaining quality in the organisation 	Copies of the following should be made available: <ul style="list-style-type: none"> ▪ The National Qualification Framework and the HEART Trust/NTA and NCTVET TOM ▪ NCTVET Accreditation Standard 		
Training Documents	Competency Standards, Learner's guide, Learning Management System			
Business Overview	<ul style="list-style-type: none"> ▪ Brief overview of the business plan ▪ Competitors, market trends ▪ Business aims 	Business Plan		
Products and Customers	<ul style="list-style-type: none"> ▪ Your product or service ▪ Your customer and target market ▪ Level of customer service expected 	Business Plan, goals, objectives		
Expectations of the Job	<ul style="list-style-type: none"> ▪ Duties ▪ Performance expectations ▪ Team meetings 	Job Description Objectives		

FACILITIES		Reference	Yes	No
Amenities	<ul style="list-style-type: none"> ▪ Location of kitchen, lunchroom and sanitary facilities ▪ Any rules regarding the use and maintenance of these facilities 	Layout of the building		
Smoking regulations	When and where smoking is permitted	No Smoking Policy		
Public transport, car parking	<ul style="list-style-type: none"> ▪ Public transport facilities ▪ Car parking details 			
Telephone	<ul style="list-style-type: none"> ▪ Telephone system ▪ Taking messages ▪ Rules of usage, i.e. personal calls ▪ Use of cellular phones 	Any manuals for using telephone		

GENERAL TERMS & CONDITIONS		Reference	Yes	No
Hours of Work	<ul style="list-style-type: none"> ▪ Start and end times ▪ Breaks ▪ Overtime arrangement 	Applicable manuals/handbook		
Attendance Register	Location of time sheet/card/attendance book etc.	Time sheet/card/attendance book		
Pay procedure	Amount, time & method of payment			
Leave	<ul style="list-style-type: none"> ▪ Entitlements ▪ Process for applying for leave ▪ Any mandatory close down periods ▪ Leave Entitlements: <ul style="list-style-type: none"> - Vacation Leave - Sick leave - Maternity leave - Compassionate leave - Personal/Emergency leave 	Applicable manuals/handbook and forms		
Contract of Employment	<ul style="list-style-type: none"> ▪ Cover the main terms & conditions of Employment ▪ Forms required, NIS, TRN ▪ Driver's license (where applicable) 	Letter of Employment		
Personal Details Form	The new employee should supply personal contact details for emergencies	Personal Details information form (See template 2.4)		
General Behaviour	Discuss acceptable and non-acceptable behaviour for both staff and learners	Code of Conduct as is found in the Employee's Handbook, Learner Handbook		

WORKPLACE HEALTH & SAFETY		Reference	Yes	No
Accident Procedure	<ul style="list-style-type: none"> ▪ Use of Incident Report form ▪ Importance of having all injuries treated and recorded ▪ Introduction to Workplace Health and Safety Officer 	Incident Report form (See template 3.3b)		
First Aid Facilities	Location of First Aid Box and location of trained first aid staff	Map of premises, with relevant areas marked. Include in workplace tour.		
Fire Drill & Alarms	<ul style="list-style-type: none"> ▪ What to do in the event of a fire ▪ Location of fire alarms and how they should be activated ▪ Where to assemble after evacuation of premises 	Emergency numbers located next to all telephones Assembly location marked on the map of the premises		
Fire Extinguishers	Location of fire extinguishers	Map of premises		
Emergency Exits	Location of emergency exits and stairs	Map of premises		
General Housekeeping (Accident Prevention)	<ul style="list-style-type: none"> ▪ Safety responsibilities, (employer's and employees') ▪ Disposal of wastes etc. ▪ Checking equipment 	Workplace Health & Safety Policies and Procedure		

Name of officer oriented	
Signature	Date

Name of Orientation Officer 1	
Signature	Date
Name of Orientation Officer 2 (where applicable)	
Signature	Date

3.3 Occupational Health & Safety Checklist

This checklist is to be used in conjunction with the Workshop Safety Checklist.

Place a tick in the appropriate box for each criterion.

Organisation: _____

Building: _____

Location: _____

Department: _____

Inspected by: _____

Signature: _____

Date: _____

1.	LAYOUT	Yes	No	N/A
1.1	Area is tidy and well kept			
1.2	Adequate storage areas are provided			
1.3	Floor is free of obstructions			
1.4	Floor/floor coverings are in good condition			

2.	ENVIRONMENT	Yes	No	N/A
2.1	Temperature is comfortable			
2.2	Lighting is adequate			
2.3	Area is free of odours			
2.4	Noise level is acceptable			
2.5	Ventilation is adequate			

3.	EMERGENCY PROCEDURES	Yes	No	N/A
3.1	Written procedures are posted			
3.2	Staff are aware of procedures and know emergency personnel			
3.3	Staff are inducted and records kept			
3.4	Extinguisher of appropriate type is close by (within 20m)			
3.5	Extinguisher(s) has been checked within the last 6 months and tag updated			
3.6	Visitor emergency guides are available (where necessary)			
3.7	Alarm can be heard in the area			
3.8	Escape routes are free of obstructions and in good order			
3.9	Emergency and hazard signage is clearly visible			

4.	FIRST AID FACILITIES	Yes	No	N/A
4.1	Location of kits is known to staff			
4.2	Kits are easily accessible			
4.3	Kits are checked every 3 months			
4.4	Qualified first-aid personnel are available			
4.5	Staff know first aid personnel			

5.	GENERAL FACILITIES	Yes	No	N/A
5.1	Washing facilities are adequate			
5.2	Lockers are available for staff			
5.3	Areas kept clean and sanitized			
5.4	Cleaning chemicals labeled			
5.5	Access to OHS information on notice boards, e-mail and Web			

6.	MANUAL HANDLING	Yes	No	N/A
6.1	Frequently used items are stored for easy access			
6.2	Heavy items are stored at waist heights			
6.3	Step ladders or stools are available for accessing items stored on high shelves			
6.4	Repetitive operations are minimized			
6.5	Trolleys are available and used to transport items			

7.	ENVIRONMENTAL ISSUES	Yes	No	N/A
7.1	Conservation on the use of utilities (gas, water, electricity) is practised			
7.2	Paper use is minimized, double sided photocopying and printing done			

8.	ELECTRICAL SAFETY	Yes	No	N/A
8.1	Equipment has current test tags			
8.2	Extension leads are used only for temporary power supply			
8.3	Electrical circuit panels, outlets and switches are equipped with secure covers			
8.4	Power leads kept clear of floor			
8.5	Tags used on faulty equipment			

9.	GENERAL WORKSHOP	Yes	No	N/A
9.1	Staff trained in general workshop procedures and safe work practices			
9.2	Warning and safety signage is in place			
9.3	Procedure, plant and equipment manuals are current and available			
9.4	Food and drink not permitted			

10.	PLANT/EQUIPMENT	Yes	No	N/A
10.1	Procedures in place for plant use			
10.2	Staff trained in safe plant use			
10.3	Equipment left on after hours has contact and emergency details			
10.4	Hazard signs and operation checklist placed on/near equipment			

11.	WASTE DISPOSAL	Yes	No	N/A
11.1	Written procedures for handling and disposing of waste are in place			
11.2	Staff are trained in procedures			
11.3	Labeled waste containers are provided			
11.4	Waste is segregated and store away from drains			
11.5	Spill kits are available			
11.6	Waste is recycled where possible			
11.7	Regular waste disposal is done to minimize waste on site			
11.8	Procedures are in place to transport waste across the compound			

7.3	Recycling bins are provided for paper, glass, plastic and metals			
12.	CHEMICAL ASPECTS	Yes	No	N/A
12.1	Written procedures for chemical handling and storage are in place			
12.2	Written procedure for chemical spillage and disposal are in place			
12.3	Staff trained in chemical handling and are aware of procedure and hazards			
12.4	Containers are labeled with chemical name and hazard symbols			
12.5	Chemical are stored correctly way from drains and in cool secure areas			
12.6	Gas cylinders correctly stored and/or secured			
12.7	Spill kits are available and regularly maintained			
12.8	Current chemical inventory is maintained			
12.9	Procedures are in place to transport chemicals			

13.	PAINTING	Yes	No	N/A
13.1	Respiratory equipment is properly maintained and used as required			
13.2	Paint and thinner are stored appropriately			
13.3	Ventilation is appropriate for painting operation			
13.4	Written regulations are in place for all painting operations			

Other Comments: _____

Recommendations: _____

Manager's Signature: _____ Date: _____

3.3 Incident Report Form

This form is to be used in the event of an accident or any incident that may warrant first aid, health care or lost time.

<p>A.</p>	<p><u>INCIDENT TYPE</u> (please tick [<input checked="" type="checkbox"/>] where applicable)</p> <p>[] Incident – No injury [] Minor Injury – No treatment [] First Aid [] Health Care [] Critical Injury [] Occupational related Disease [] Property Damage [] Environmental Damage</p> <p>What caused the incident?</p> <p>Indicate the conditions that existed at the time of the incident: (please tick [<input checked="" type="checkbox"/>] where applicable) <i>Shop Lights</i> On [] Off []</p> <p>Identify the machine(s) that were involved [_____] and indicate the following: <i>Machine Lights:</i> On [] Off [] <i>Machine Switch</i> On [] Off [] <i>Machine Guards</i> On [] Off []</p> <p>Name(s) and phone number(s) of individual(s) involved in the incident. If there are others please write on back of this form. 1. _____ 2. _____</p> <p>Name(s) and phone number(s) of witness(es) to the incident. If there are others please write on back of this form. 1. _____ 2. _____</p>
<p>B.</p>	<p style="text-align: center;">INFORMATION ON THE INJURED PARTY</p> <p>LAST NAME: _____ FIRST NAME: _____ [] Male [] Female I.D. NUMBER: _____ POSITION: _____ HOME ADDRESS: _____ CONTACT TELEPHONE NUMBER: _____ (HOME) _____ (MOBILE)</p>
<p>C.</p>	<p><u>INJURY DETAILS</u></p> <p>Describe the nature of the injury _____ Date and time of injury: _____ / _____ (am/pm) Date and time of reporting _____ / _____ (am/pm)</p> <p>Name of supervisor to whom accident was reported: _____ Telephone: _____</p> <p>If there was delay in reporting this incident, list reasons(s): _____</p>
<p>D.</p>	<p><u>FIRST-AID/MEDICAL TREATMENT</u></p> <p>If any first-aid was provided, please state name and phone number of first-aid attendant (s):</p> <p>1. NAME: _____ PHONE NUMBER: _____ 2. NAME: _____ PHONE NUMBER: _____</p> <p>If any medical attention was provided, please state name and phone number of attending Physician :</p> <p>NAME: _____ PHONE NUMBER: _____</p>
<p>E.</p>	<p>Action taken by the organization:</p> <p>Name: _____ Signature: _____ Date: _____ <small>Head of Department or Nominated Deputy</small></p>

3.4 Workshop Safety Checklist

This list is to be used in conjunction with the Occupational Health & Safety Checklist.

Organization: _____ Building: _____

Location: _____ Department: _____

Inspected by: _____ Signature: _____

Date of inspection: _____

Accepted safety and health precautions are to be practised in all shop procedures, and in the use of general shop machines, fixed and portable power tools, and other hand held equipment. All personnel operating within the workshop area should be protected against personal injury, and the danger of injury to non-operators and visitors must be minimized.

A designated person should make periodic inspections of shop areas and other industrial areas, to identify and communicate all deficiencies to the relevant authority and initiate corrective actions.

Use a (✓) tick to indicate compliance.

	Criteria	Yes	No	N/A
1	<p>All new users (employees and learners) are trained through personal instructions and studying of related manuals in:</p> <ul style="list-style-type: none"> - the proper use of all equipment - all workshop safety precautions. <p>(NB) Trainees are not allowed to use fixed or portable powered shop machines or welding equipment without prior training and supervision.</p> <p>All employees are required to comply with suggested operating standards, organisation's operating policies and good, safe practices when using fixed and portable power tools, equipment and hand held equipment.</p>			
2	<p>Signs are posted instructing the safe use of powered machines by Authorized/Supervised Personnel Only".</p>			
3	<ul style="list-style-type: none"> ▪ Defective equipment or tools are not used. ▪ Malfunctioning or damaged equipment are reported and repaired. ▪ Tools that cannot be repaired are discarded. 			
4	<ul style="list-style-type: none"> ▪ All portable and fixed powered shop machines and tools are equipped with approved guarding devices. ▪ Guards are in place while machines are in use. ▪ Equipment are properly electrically grounded before use. 			
5	<p>All machines or equipment should be turned off and/or disconnected from any energy source before servicing/maintenance.</p>			

	Criteria	Yes	No	N/A
6	<p>Proper personal protective equipment are provided and used during workshop activities:</p> <ul style="list-style-type: none"> ▪ Safety glasses, goggles, shields used during any work that may produce flying particles (e.g. drill press, power saws, welding electrical or electronic hardware repair). ▪ Industry approved dust respirators used for work that produces airborne dust particles. ▪ Industry approved hand protection used to handle materials. ▪ Body protection used during operations such as burning, welding, drilling or cutting. 			
7	Tools, equipment and work areas are maintained in an orderly and safe manner.			
8	<ul style="list-style-type: none"> ▪ No flammable materials (paints, solvents, chemicals, etc.) are stored within the immediate area of any burning or welding operation. ▪ Flammable materials are stored in industry-approved cabinets. 			
9	Equipment and work areas are cleaned up after use.			
10	Area designated "Restricted" (e.g. high hazard, carcinogens, etc.) must be inspected by the Health and Safety Officer/Building & Properties Safety Manager and permission to proceed given to the supervisor before any work is started.			
11	Powered equipment or hand tools must be cleaned-up immediately following use of apparatus.			
12	Shop floor areas are appropriately marked to identify restricted work areas or "approved operator only" areas with yellow floor lines.			
13	<ul style="list-style-type: none"> ▪ Employees or learners using power or un-powered tools wear loose clothing. ▪ Long hair is tied back and/or acceptable hair protection/covering worn while carrying out activities. ▪ All materials is clamped down, as necessary, before operation carried out. 			
14	<ul style="list-style-type: none"> ▪ Good housekeeping is maintained in the shop area. ▪ Material is stored in such a manner that there is no danger from sliding, falling or otherwise presenting a hazard. ▪ Scrap material is cleaned from floor and work benches following each job or at the end of each day. ▪ Any waste material/garbage is disposed of as is stipulated by Industry. 			

4.9 Request for Access Form

Under the Information Act, (Privacy Clause), you have the right to access personal information in our possession. If the information is incorrect, you have the right to request an amendment to the information.

This form must be signed by both the client and the Director/Manager as an official record of the access request and the identity verification. The Director/Manager is required to verify your identity through the presentation of appropriate identification.

REQUEST FOR ACCESS

Client's Name: _____

Client Number: _____

Date of Request: _____

Style of Request: In person : Telephone : Written

Identification submitted: _____

Identification verified: Yes : No

Client's Signature: _____

Director's/Manager's Signature: _____

ACCESS TO RECORDS

Date of Access: _____

Student's Signature: _____

Signature of accompanying officer: _____

6.3 - Agreement for Partnership Arrangement

Agreement between _____ and
(Name of Requesting Organisation)
 _____ on the _____ day of _____ 20____.
(Name of ATO)
 _____ agrees to provide assessment
(Name of ATO)
 services for _____ in the following competencies:
(Name of Requesting Organisation)

Code	Qualification	Code	Competency Name

(NB) Any additional qualifications and competencies be listed on a separate sheet.

Contractual Obligations

- **Co-ordinate the assessment processes**
- **Assign assessors**
- **Ensure that the assessment data is entered on the National Qualification Register (NQR)**

List of Conditions

_____ will comply with the
(Name of Requesting Organisation)
 assessment policies and procedures of _____
(Name of ATO)
 and the National Council on Technical and Vocational Education and Training (NCTVET).

_____ has read and understood the assessment guidelines
(Name of Requesting Organisation)
 of the NCTVET, the relevant competency standards and has the relevant documentation on assessment.

It is understood that any breach of any of the conditions contained above will result in disciplinary action, or in extreme cases, termination of the services of _____,
(Name of ATO)
 and a report submitted to NCTVET.

Review time/s:

This agreement will be reviewed in 6 months or sooner if the need arises.

Signatures:

Requesting Organisation Official: _____ Date: / /

ATO Official: _____ Date: / /

Witness: _____ Date: / /

6.3 - Agreement for Contract Assessors

Agreement between _____ and

 (Name of Assessor) (Name of ATO)
 on the _____ day of
 _____ 20_____.

I, _____ agree to provide the following services
 (Name of Assessor)
 under the auspices of _____:
 (Name of ATO)

Contractual Obligations

- **Plan, Conduct and Review Assessment.**
- **Unless otherwise agreed, assessment should be done in clusters according to agreed schedule.**
- **Enter assessment data on National Qualifications Register (NQR) within one (1) week of assessment.**
- **Print and supply unofficial Statement of Competency within one (1) week of assessment.**
- **Print and supply verification documents within one (1) week of assessment.**
- **Payments will be made after receipt of all required documentation – Statement of Competence, Verification of Assessment, Assessment Summary/Report and Claim Form.**
All payments will be made in accordance with 'Payment for Assessor Policy Document', March 2004.
- **Participate in moderation activities as required.**
- **To maintain the requirements of confidentiality in respect of the assessment conduct at this organization.**

List of Conditions

I recognize that I must comply with the policies and procedures of _____
 (Name of ATO)
 and the National Council on Technical and Vocational Education and Training (NCTVET) regarding all assessment activities.

I state that I have read and understood the assessment guidelines of the NCTVET, the relevant competency standards and the organisation's documentation on assessment.

I understand that any breach of any of the conditions contained in the above will result in disciplinary action or in extreme cases termination of my services, and a report submitted to NCTVET.

Any problems encountered when using the assessment documents should be reported to the ATO.

Review time/s:

This agreement will be reviewed in 6 months or sooner if the need arises.

Signatures:

Assessor: _____ Date: / /

ATO official: _____ Date: / /

Witness: _____ Date: / /

7.1 Client(Graduate) Information Survey

In order for us to maintain a high standard of training the organization would appreciate your input in regard to your training.

Course: _____

Name: _____
(Surname) (First Name) (Middle Initial)

Mailing Address: _____

Date completed training : _____

NB. Please tick relevant box

- | | |
|---|--|
| <p>1. a. Are you currently employed/self-employed?
 Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. a. If employed, is this your first job?
 Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. a. Has the training prepared you for your current position?
 Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Has the training assisted you in gaining employment?
 Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Are you presently undertaking any training?
 Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Would you like to be included in our mailing list advising of further training opportunities?
 Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>1. b. If yes, are you employed:
 In field of training? <input type="checkbox"/> Related field? <input type="checkbox"/> Unrelated field? <input type="checkbox"/></p> <p>2. b. If no, was your first job:
 In field of training? <input type="checkbox"/> Related field? <input type="checkbox"/> Unrelated field? <input type="checkbox"/></p> <p>3. b. If yes, please state how

 _____</p> <p>5. Has the training provided you with opportunity for promotion?
 Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>7. If you are unemployed, select the box that is relevant.
 Interviewed, awaiting response <input type="checkbox"/> In training <input type="checkbox"/>
 At home <input type="checkbox"/> Other <input type="checkbox"/> State _____</p> <p>9. Would you recommend this institution's training to colleagues?
 Yes <input type="checkbox"/> No <input type="checkbox"/>
 Why? _____
 _____</p> |
|---|--|

For Office Use Only:	
Course: _____	Qualification Code: _____
Training Manager: _____	
Date Filed:/...../.....	Information Disseminated: Yes/No