



NATIONAL COUNCIL ON TECHNICAL VOCATIONAL EDUCATION AND TRAINING

APPLICATION FOR THE REGISTRATION OF ASSESSORS

All prospective assessors for the TVET system are required to complete and submit this form to facilitate training, certification and registration on the National Qualifications Register.

FILL IN ALL SECTIONS CLEARLY

NAME: _____

SURNAME

FIRST NAME

MIDDLE

SEX:

M F

DATE OF BIRTH:

Day Mth Yr

TRN:

MAILING ADDRESS: _____

BUSINESS ADDRESS: _____

TEL. #: Home: _____ Business: _____

E-Mail Address: _____

EMPLOYMENT STATUS:

Full-time

Part-time

Self-employed

Unemployed

PRESENT OCCUPATION: _____

INDUSTRY SECTOR: _____

Example: Building & Construction

SUB-SECTOR: _____

Example: Masonry

EDUCATIONAL RECORDS & ACHIEVEMENTS

(List the institutions attended, certificates obtained and the date started and completed)

NAME (INSTITUTION & COURSE)	FROM (19--)	TO (---)	CERTIFICATE/DEGREE

EMPLOYMENT RECORD

(put in chronological order, beginning with most recent position)

NAME & ADDRESS OF EMPLOYER	POSITION HELD	FROM	TO

In no more than fifty (50) words, state reasons for wanting to be a Qualified Assessor.

I hereby certify that the information I have provided on this form is accurate.

Applicant's Signature

Date

FOR OFFICE USE ONLY

DATE RECEIVED:

**Recommended
For Training**

**Not Recommended
for Training**

**Recommended for
Certification**

**Not Recommended
for Certification**

DATE RECOMMENDED FOR TRAINING:

CERTIFICATION DATE:

EXPIRY DATE:

COMMENTS:

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Completed by: Name:

Position:

Signature:

Date: