



Attach
Photograph of
applicant

NAKAWA VOCATIONAL TRAINING COLLEGE
MINISTRY OF EDUCATION AND SPORTS

Application form-DTIM

This application form should be filled by the applicant and returned together with three recent passport size photographs.

1. Personal Details

(i) Names of applicant _____

(ii) Date of birth _____ (iii) Age _____

iv) District of Birth _____

(v) Gender _____ (vi) Marital Status _____

(vii) Personal telephone contact and E-Mail address. Home District _____

2. Institution Details

Name of Institution _____

Category (Private / Public) _____

Status (Vocational / Technical) _____

Address _____

Telephone _____ Email _____

Physical Location _____

District/Region _____

3. Educational Background (Attach photocopies of testimonials)

Name of School / Institution	Years Attended		Qualification Obtained	Grade if applicable
	From	To		

Major subjects studied at the last institution attended

- (i) _____
- (ii) _____
- (iii) _____
- (iv) _____

Teaching experience

Please give details of any teaching experience.

Institution	From	To	Subjects

Management experience

Institution	Year		Position
	From	To	

Course Expectations

6. Declaration

I hereby declare that the information given above is true to the best of my understanding and that after the course, I will return to my place of work.

Signature of applicant

Official nomination by the Board Chairperson or Head of Institution

I certify that the applicant has the necessary qualifications to undertake the course and therefore nominate him.

Signature and stamp

Title

Date

HEALTH DECLARATION FORM

1. Applicant will check 'Yes' or 'No' and explain

	Yes	No		Explanation
a.			Have you had any significant or serious illness or inquiry? (If hospitalized, give place and dates).	
b.			Have you had any operations or advice by a physician or have an operation. (Give place and dates)	
c.			Do you currently use any drugs for treatment of a medical condition? (Give name and dose)	
d.			Have you ever been a patient in a mental hospital or sanitarium or treated by a Psychiatrist? (Give place and dates)	

10. Applicant will indicate 'Yes' or 'No' to each item.

Do you now have or have you ever had the conditions listed below?

(Check each item, if YES, enclose the relevant condition with a circle).

	Yes	No	Condition
a.			Asthma, Emphysema, or other lung conditions
b.			Tuberculosis or live with anyone who has tuberculosis
c.			High blood pressure, heart disease
d.			Stomach, liver (hepatitis), gall bladder disease
e.			Kidney or bladder disease, stone or blood I urine
f.			Diabetes (sugar in the urine)
g.			Depression, excess worry, attempted suicide, or other psychological symptoms
h.			Acquired Immune Deficiency Syndrome (AIDS)
i.			Tumor, abdominal growth, cyst, or cancer
j.			Bleeding disorder, blood disease (sickle cell anemia)

11. I certify that I have read the above instructions and answered all questions truly and completely to the best of my knowledge.

1.0 Institutional Report

The report will be presented before commencement of the course and will be used as part of the assessment for prior learning / experience.

The report should cover the following:-

- Name
- Name of organization
- Executive summary
- Introduction
Description of the general situation of your institution with reference to training and types of programmes offered, relationship with other institutions or organizations, future prospects and challenges.

Give an outline on the following:-

- i. Human Resource Management in your institution
 - ii. Training management and job placement support
 - iii. Management of facilities in your institution
 - iv. Major management challenges in your institution
- Draw your organization structure and indicate your position.