



**Attach
Photo**

**DIRECTORATE OF INDUSTRIAL TRAINING
MINISTRY OF EDUCATION AND SPORTS**

APPLICATION FOR MODULAR ASSESSMENT

This form when completed must be presented to the **Senior Qualifications Officer** with either three coloured unglazed passport sized photographs or preferably those able should submit digital passport sized photographs saved on CD or memory stick and a single hardcopy passport sized photograph attached to the application form.

DIRECTOR

**DIRECTORATE OF INDUSTRIAL TRAINING
P.O.BOX 20050. KAMPALA.**

Website: www.dituganda.org

E-mail address: info@dituganda.org

PART A

(To be completed by the applicant)

1. Name:

(Surname)
(Middle name)
(First name)
 2. Date of birth: Place of birth Gender.....
 3. Nationality: Village:
 4. Sub-county: District of birth.....
 5. Home address..... Mobile contact.....
E-mail address:
 6. Do you have any form of Disability? yes No
 7. If yes, indicate the type of Disability.....
 8. Level of Education obtained; a) Not attended school at all b) Primary c) Secondary d) Tertiary
e) University
 9. Record of Schools(Primary/Others) attended and awards (Ignore if not school at all)
- | # | School/Institution/Enterprise | Year/Period | Award |
|---|-------------------------------|-------------|-------|
| | | | |
| | | | |
| | | | |
10. Occupation in which assessment is applied for:
Level: a) Modular b) Worker'sPAS (Tick the appropriate box)

11. Modules entered for assessment

.....

12. Have you been assessed by the DIT assessors before? Yes No (Tick the appropriate box)

13. If yes indicate:

i) Occupation in which assessment was conducted.....and when.....

ii) Type of Certificate/Transcript issued.....

iii) Certificate number issued (if applicable).....dated.....

iv) Level of competence assessed;

a) Modular assessment b) UVQF level I c) Worker’sPAS (Tick the appropriate box)

14. Specify the language in which assessment is desired:

(Please indicate sign language for the deaf and additional considerations for other persons with disabilities including the blind)

Signature /thumb print..... Date:

(Applicant)

PART B

(To be completed by the Head of School)

15. Name of Principal/Head Teacher.....Phone contact.....

16. Name of School:Centre No:.....

17. Present Address: P.O Box.....Town..... District.....

18. E-mail address:Phone contact.....

19. Date when training of the applicant commenced:

20. Date when training is due to end:

21. Proposed date when assessment is convenient:

22. Sponsored by: a) Gov’t b) School c) NGO d) Employer e) Self (Tick the appropriate box)

(It is your obligation to establish the validity of the information entered by the applicant on this form before it is submitted to DIT)

NB: Principal/Head Teacher/Registrar/Examination secretary is advised to submit soft copy of digital PP size photos of all candidates on CD or memory stick whichever is convenient when delivering the application forms to Senior Qualifications Officer at DIT

Official stamp

Signature: Date: