



7. Occupation in which assessment is applied for:..... Level.....

8. Have you been assessed by the DIT assessors before? Yes  No

9. If yes indicate:

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

ii) Reg. number of certificate issued.....Dated.....

iii) Level of competence assessed;

a) Modular assessment  b) UVQF level I  (c) level II  (e)Level III

iv) Trade Test Grade II  Year..... Grade I  Year..... Master craft  Year.....

10. Specify language in which assessment is desired: .....

.....  
 (Please indicate sign language for the deaf and additional considerations for other persons with disabilities where applicable)

Signature /thumb print..... Date: .....

(Applicant)

**PART B**

(To be completed by the applicants with proven work experience /industrial training or attachment/internship/indenture training)

11. History of employment record.

#	Name of enterprise/institution	Position	Period	
			From	To

Please attach copies of relevant documents

12. Quantify total period of work experience in years and months:.....  
 (if applicable)

Signature/Thumb print..... Date:.....

(Applicant)

**PART C**

*(To be completed by the Head of BTVET institution or the Employer/manager/ supervisor/Trainer in a registered firm/enterprise).*

- 13. Name of assessment centre:.....Reg.No:.....
- 14. Present Address: .....
- 15. Phone contact and e-mail address: .....
- 16. Nearest Town to the Location of assessment centre: .....
- 17. Name of the nearest Police Post to the assessment centre.....
- 18. Location of the assessment centre distance from the nearest town in Km.....
- 19. Location of the assessment centre distance from Kampala in Km.....
- 20. Name of Principal/Employer/Manager/Supervisor of Enterprise: .....
- 21. Title.....Work experience.....with the firm/School
- 22. Phone contact:.....
- 23. E-mail address:.....
- 24. Date when training of the applicant commenced: .....
- 25. Date when training is due to end: .....
- 26. Proposed date(s) when assessment is convenient: .....
- 27. Sponsored by: a) Government    b) Enterprise    c) Employer    d) self    e) others

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

Official stamp

Signature:.....

Date: .....