



Attach Photo

DIRECTORATE OF INDUSTRIAL TRAINING

MINISTRY OF EDUCATION AND SPORTS

APPLICATION FOR OCCUPATIONAL 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: Sex:
3. Nationality: Village:
4. Sub-county: District:
5. Highest level of Basic/Secondary Education obtained; Primary 1-2-3-4-5-6-7 (Circle the appropriate figure) Secondary 1-2-3-4-5-6
6. Do you have any form of Disability? Yes No
7. If yes, indicate the type of disability
8. Record of qualification(s)(certified copies attached)

Table with 4 columns: #, School/Institution/Enterprise, Award, Year. It contains 5 empty rows for recording qualifications.

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

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

11. 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.....

12. 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)

13. History of employment record.

#	Name of enterprise/institution	Position	Period	
			From	To

Please attach copies of relevant documents

14. 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).*

- 15. Name of assessment centre: .....Reg.No: .....
- 16. Present Address: .....
- 17. Phone contact and e-mail address: .....
- 18. Nearest Town to the Location of assessment centre: .....
- 19. Name of the nearest Police Post to the assessment centre.....
- 20. Location of the assessment centre distance from the nearest town in Km.....
- 21. Location of the assessment centre distance from Kampala in Km.....
- 22. Name of Principal/Employer/Manager/Supervisor of Enterprise: .....
- 23. Title.....Work experience.....with the firm/School
- 24. Phone contact: .....
- 25. E-mail address: .....
- 26. Date when training of the applicant commenced: .....
- 27. Date when training is due to end: .....
- 28. Proposed date(s) when assessment is convenient: .....
- 29. 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: .....