**THE NATIONAL COUNCIL FOR TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (NACTVET)**

**MIKOCHENI LIGHT INDUSTRIAL AREA, PLOT NO. 719/ P.O. BOX 7109, DAR ES SALAAM, TANZANIA**



**NACTVET FORM REG 01**

***(To be completed by the Applicant Centre and submitted to NACTVET)***

**Application Form for Preliminary Registration of Category A – C Vocational Training Centre**

**February 2022**

**NATIONAL COUNCIL FOR TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING**

**(NACTVET)**



**APPLICATION FORM FOR PRELIMINARY REGISTRATION FOR CATEGORIES A-C OF VOCATIONAL TRAINING CENTRE**

**Part A**

**Section 1: Particulars of the Vocational Training Centre:**

* 1. **Name of the Institution/Centre:** ………………………………………………………………
	2. **Location:**

Region: ……......................District or Municipality: ……………..…Division: ………...………

Ward: ………………….....Village: ………………Plot No: ……… Block No: ……………….

Post-Code: …………………………………………………………………………………… ….

* 1. **Address:** …………………………………………………………………………………………
	2. **Phone Numbers:** Landline No………………..……Mobile Nos: ………………………………
	3. **E-mail Address (s)**: ……………………………………………………………………………..
	4. **Website:** …………………………………………………………………………………………
	5. **Date of establishment/incorporation:** …………………………………………………………
	6. **Ownership:** …………………………………………………………………………………………..

**Government:**

|  |  |  |
| --- | --- | --- |
| * Central Government
 | * VETA
 |  |
| * Local Government
 | * Others (specify)……………….
 |  |

**Private:**

|  |  |  |
| --- | --- | --- |
| * Personal
 | * Co-owned (specify) ………….
 | * Religious Institution
 |
| * Company
 | * Non-Governmental Organization (NGO)
 | * Others (specify)………………..)
 |

* 1. **Particulars of the Owner:**

Name and Title: ……………………………………………..……………………………………………….

Nationality(ies): ……………………………………………………………………….,……………………

* 1. **Type of programme**

|  |  |
| --- | --- |
| * Institution training
 | * Apprenticeship training
 |

* 1. **Particulars of the Owner(s):**

Name: ………………………………………………………………………………………………

Address……………………………………………………………………………………………..

Phone ……………………………………………………………………………………………….

Email ……………………………………………………………………………………………….

* 1. **Legal Registration /Licensing from other authorities:** (*specify and attach copies of supporting documents*)

* 1. **Centre Governance** (tick appropriate box):

|  |  |  |
| --- | --- | --- |
| * Council
 | * Board of Trustees
 | * Others (specify)…………………... …(specify)…………………………...
 |
| * Board of Directors
 | * Advisory Body/Committee
 |  |

**Section 2: Particulars of the Training Centre Outputs**

* 1. Vision of the Vocational Training Centre

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

2.2 Mission of the Centre

………………………………………………………………………………………………………

………………………………………………………………………………………………………

**2.3** Objectives**:** *(elaborate further in a separate attachment if necessary)*

a)

b)

c)

* 1. **Particulars of Curricula to be offered by the Centre:**

**(i) Long Courses to be offered in the proposed Centre (***Use a separate attachment to accommodate all occupations)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Curriculum**  | **Approving Authority**  | **Duration in Months** | **Entry Qualifications** | **Installed Capacity** | **Title of Award** |
| 1  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

**(ii) Short Courses to be offered in the proposed Centre (***Use a separate attachment to accommodate all occupations)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Curriculum**  | **Approving Authority**  | **Duration in Months** | **Entry Qualifications** | **Installed Capacity**  | **Title of Award** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

**2.5. Other Services to be offered (***tick and provide details in a separate paper(s))*

|  |  |  |
| --- | --- | --- |
| * Extension Education
 | * Consultancy Services
 | * Others (specify)………
 |

**Section 3: Key inputs**

* 1. **Human Resources and organization structure:**
		1. **Managerial staff.**

Principal’s qualifications *(Attach CV, copies of certificates and testimonials):*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Sex** | **Academic Qualification** | **Technical Qualification** | **Area of Specialization** | **Experience****(Years)** | **Other Posts Held at the Centre** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Training coordinator/Registrar (*Attach CV, copies of certificates and testimonials*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Sex** | **Academic Qualification** | **Technical Qualifications** | **Area of specialization** | **Experience****(Years)** | **Other Posts Held at the Centre** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Centre administration officer (*Attach CV, copies of certificates and testimonials)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Sex** | **Academic Qualification** | **Technical Qualifications** | **Area of specialization** | **Experience****(Years)** | **Other Posts Held at the Centre** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* + 1. **Submit a list and qualifications of permanent Vocational Teachers in the format indicated below** *(Attach CVs, copies of certificates and testimonials):*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SN**  | **Name** | **Sex** | **Academic Qualifications** | **Technical Qualifications** | **Teaching Certificate** | **Area of Specialization** | **Experience****(Years)** | **Other Posts Held at the Centre** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

* + 1. **Submit a list and qualifications of part time of Vocational Teachers in the following format***(Attach CVs, copies of certificates, worker legal contract and testimonials):*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name** | **Sex** | **Academic Qualifications** | **Technical Qualifications** | **Teaching Certificate** | **Area of Specialization** | **Experience****(Years)** | **Other Posts Held at the Centre** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

* + 1. **Submit a list and qualifications of supporting staff in the following format** *(Attach CVs, copies of certificates and testimonials):*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name** | **Sex** | **Academic Qualifications** | **Technical Qualifications** | **Post Held**  | **Experience****(Years)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* 1. **Organizational Structure** (*attach organization chart showing titles and names of office holders).*

**Section 4: Land and Infrastructure/Buildings and training facilities:**

* 1. **Land (**title deed(s) for the land occupied by the Centre)

|  |  |
| --- | --- |
| **Title deed Number/Plot Number (*if hired)***  | **LEASED***(Attach agreement)* |
| **Size (ha)** | **Lease****Period** | **Use** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

* 1. **Building areas directly related to training** (*attach building layout plan, Title Deed or lease Agreement*)

| **Type** | **Number** | **Total floor area (m2)** | **Ownership** |
| --- | --- | --- | --- |
| **Owned***(Number of offices)* | **Leased***(Number of offices)* |
| Offices |  |  |  |  |
| Classrooms |  |  |  |  |
| Laboratory |  |  |  |  |
| Workshops / kitchens |  |  |  |  |
| Libraries |  |  |  |  |
| Bookshops |  |  |  |  |
| Assembly hall |  |  |  |  |
| Cafeterias (trainees) |  |  |  |  |
| Canteen (staff) |  |  |  |  |
| Dormitories  |  |  |  |  |
| Staff quarters |  |  |  |  |
| Others (specify) |  |  |  |  |

* 1. **Training Facilities**
		1. **Attach detailed list of training tools and their specifications in the following format** **per occupation**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No**  | **Item name** | **Specifications**  | **Unit**  | **Quantity**  |
|  |  |  |  |  |
|  |  |  |  |  |

* + 1. **Attach detailed list of training equipment and their specifications in the following format as per occupation**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN**  | **Item name** | **Specifications**  | **Unit**  | **Quantity**  |
|  |  |  |  |  |
|  |  |  |  |  |

* + 1. **Availability of toilets and change rooms for both males and females**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **Area**  | **Capacity**  | **Number of Toilets**  | **Number of Change Rooms** |
| **Male**  | **Female**  | **Male**  | **Female**  | **Male**  | **Female**  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

* + 1. **Reference materials and Information systems:**
1. Availability of books, manuals and journals per occupation (*attach the list in the following format*):

|  |  |  |  |
| --- | --- | --- | --- |
| **SN**  | **Author, Year Title, and Publisher** | **Number of copies** | **Remarks** |
| **For teachers** | **For trainees** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Availability of Internet facility: Yes……./No*……..(tick as appropriate)*

* 1. **Utilities / Services Available** *(tick as appropriate)*:

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Available**  | **Not available** | **Remarks**  |
| Pipe Water Supply |  |  |  |
| Waste water disposal |  |  |  |
| Solid waste disposal |  |  |  |
| Electricity |  |  |  |
| Telephone |  |  |  |
| Recreational |  |  |  |
| Safety |  |  |  |
| Security |  |  |  |
| Transport |  |  |  |
| Others (specify) |  |  |  |

**Section 5: Funding**

* 1. **Sources of funds** *(attach relevant supporting documents, audited account report and current bank statement ):*

|  |  |  |  |
| --- | --- | --- | --- |
| **Type Of Funds**  | **Source(s)** | **Annual Amount (Tshs)** | **Total**  |
| **Recurrent** | **Capital**  |
| Own |  |  |  |  |
| Loan |  |  |  |  |
| Grant |  |  |  |  |
| Fees |  |  |  |  |
| Government Subsidy |  |  |  |  |
| Others (specify) |  |  |  |  |
| **Total** |  |  |  |

**Section 6: Centre Plans**

*Attach Business Plans.*

**Section 7: Declaration**

**Part 1: Declaration by Applicant**

I certify that the particulars furnished in this application form are true and complete in all respects and that no relevant information has been withheld.

I understand that misrepresentation, falsification and or withholding information in regard to this application are serious offences that may result in nullification/withdrawal of registration application and/or prosecution.

**Applicant's name:** ………………………………………………………………………………………………..

**Applicant's Signature:** …………………………………….… **Date:** ……………………………………..

**Designation: Official Stamp:**

**Part 2: Declaration by Applicant’s Witness**

Application’s witness signed by the ………………………………………………………… (Ward Executive Officer) on this ……………… Day of ………………… Month, Year…………………………………….

Name ………………………………………………………………………………………………

Address ………………………………………………………………………………………………

………………………………………………………………………………………………

………………………………………………………………………………………………

Official stamp**Part B**

*(To be completed by the NACTVET Zonal manager/Subject B****oard Coordinator****)*

 **Application Form**

1. Dully filled Yes………./No………..

2. Attachments

|  |  |  |
| --- | --- | --- |
| **Attachment** | **Applicable** | **Submitted** (if applicable) |
| Yes | No | Yes | No |
| Copy of receipt for application fee |  |  |  |  |
| Legal Registration /Licensing from other authorities: |  |  |  |  |
| Centre Principal’s credentials |  |  |  |  |
| Organization chart of the training centre |  |  |  |  |
| List, qualifications and CVs of permanent Vocational Teachers. |  |  |  |  |
| List, qualification and CVs of part time Vocational Teachers. |  |  |  |  |
| List, qualifications and CVs of supporting staff |  |  |  |  |
| Title deed for the land occupied by the Centre |  |  |  |  |
| Infrastructure/buildings layout plans and title deed or lease agreement. |  |  |  |  |
| List of training equipment and furniture |  |  |  |  |
| List of training tools |  |  |  |  |
| List of reference materials and information system |  |  |  |  |
| Business Plan  |  |  |  |  |
| Sources of funding: |  |  |  |  |
| * Own (bank statement)
 |  |  |  |  |
| * Loan (agreement)
 |  |  |  |  |
| * Grant (agreement)
 |  |  |  |  |
| * Government subsidy (evidence)
 |  |  |  |  |
| * Fees
 |  |  |  |  |
| * Others specified (evidence)
 |  |  |  |  |
| * Others (specified in the form)
 |  |  |  |  |

3. Decision of the NACTVET Zonal manager/Subject B**oard Coordinator** (tick appropriate option)

* 1. The information submitted is adequate to warrant physical assessment exercise.
	2. The application form is complete but some of applicable attachments listed under item 2 are missing and the applicant is required to submit them.
	3. The application form is incomplete and is returned to the applicant for completion

I am completely satisfied/ not satisfied that the information contained in the applicant’s forms warrants the decision I have taken.

**Name ……………………….……….….….Signature……….….…………….Date………..……**