**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 VET REG 04 D**

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

**Application Form for Preliminary Registration of Category D Vocational Education and Training Centre**

**February 2022**

**APPLICATION FORM FOR PRELIMINARY REGISTRATION FOR CATEGORY ‘D’ CENTRE**

**Part A**

**Section 1.0: Particulars of the Centre**

**1.1. Name of proposed Centre:** …………………….........……………………………………

* 1. **Location:**

|  |  |
| --- | --- |
| Region: | Division or Ward: ……………………………… |
| District or Municipal: | Plot Number or Village: .  Area Code: …………………………………….. |
| Street ……………………………… | Neighborhood …………………………………. |

* 1. **Address:** …………………………………………………………………………………

|  |  |
| --- | --- |
| * 1. **Phone:**…………………………… | * 1. **Fax:** …………………………………….. |
| * 1. **E-mail:** ………………………….. | * 1. **Web-page:** ……………………………… |
| * 1. **Date of Establishment** ……………… Registration Number …………………………. *Attach Business License).* | |

* 1. **Ownership (tick the appropriate box):**

|  |  |  |
| --- | --- | --- |
| * Personal | * Co-owned (specify) ……………….. | * Others (specify)………….. |

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

|  |  |
| --- | --- |
| Name: ……………………………………  Postal Address……………………………  ……………………………………………  …………………………………………... | Phone: …………………………………  Email………………………………….. |

**Section 2.0: Particulars of Courses to be offered by the Centre**:

* 1. Programmes to be offered in the proposed Centre **(***Use a separate attachment to accommodate all occupations)*

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

**Section 3.0: Key Inputs**

* 1. **Human Resources:**
     1. **Senior Trainers Qualifications *(Attach CV and copies of Certificates):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Age** | **Sex** | **Highest Qualification** | **Area of specialization** | **Experience**  **(years)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

* + 1. **Submit a list and qualifications of trainers employed in your centre in the format indicated below** *(Attach CV and copies of certificates and testimonials):*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SN** | **Name** | **Sex** | **Academic Qualifications** | **Professional Qualifications** | **Area of Specialization** | **Experience**  **(Years)** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Section 4.0: 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. **Training Facilities** 
     1. **Attach detailed list of training tools and their specifications in the following format** **per occupation**

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

* + 1. **Utilities / Services**

Services available *(tick as appropriate)*

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

**Section 5.0: Funding**

**Sources of funds** *(attach relevant supporting documents, audited accounts and bank statements) statements)*

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

**Section 6: Declaration**

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:**

**Ward Executive Officer’s name:**

**WEO's Signature:**  **Date:**

**Official Stamp:**