



TEVET AUTHORITY

APPLICATION FORM FOR TRAINERS IN THE INFORMAL APPRENTICESHIP PROGRAMME (2024)

Instruction: Fill in the required information in BLOCK LETTERS or tick where appropriate.

A. APPLICANT'S PERSONAL DETAILS

SURNAME:..... FIRST NAME.....INITIALS.....

SEX: MALE/FEMALE

DATE OF BIRTH.....(dd/mm/yyyy)

NATIONALITY..... HOME DISTRICT.....

T/A VILLAGE.....

CONTACT ADDRESS

.....

Mobile TelephoneOther Telephone Number.....

Email

Name of Next of Kin..... Mobile Telephone.....

B. DETAILS OF WORKSHOP/WORKPLACE OF APPLICANT (IF AVAILABLE)

Name of Workshop/Workplace.....

Location

District.....

No of Employees/Workshop Assistants (if any).....

Availability of Own Equipment: YES/ NO

C. ACADEMIC AND PROFESSIONAL QUALIFICATIONS (IF ANY)

Name of Qualification	Year Obtained	Institution

**Attach a copies of the certificates (if any)*

D. FIELD OF SPECIALISATION, EXPERIENCE AND BUSINESS ASSESSMENT

Please indicate your area of expertise, years of experience and information regarding your business/profession by ticking in the relevant boxes and providing responses in the relevant columns

No	Course	Tick	Years of Experience in the trade	Years of Experience in Training Apprentices (if any)	Availability of business registration certificate (Please attach)	Rate of Business Traffic at workshop (High, Medium, Low)
1	Artisanal and Small Scale Mining					
2	Automobile Mechanics					
3	Bricklaying					
4	Carpentry and Joinery,					
5	Tailoring and Fashion Design					
6	Electrical Installation					
7	Solar Photovoltaic Installation					
8	Cosmetology (Hairdressing)					
9	Fabrication and Welding					
10	Food Production					
11	General Fitting					
12	Motorcycle Mechanics					
13	Edible Horticulture (Fruits and Vegetables)					
14	Plumbing					
15	Refrigeration and Air Conditioning Mechanics					
16	Video Production					
17	Bakery					
18	Aquaculture					
19	Mango Farming					
20	Pineapple Farming					
21	Pig Farming					
22	Goat Farming					
23	Broilers Farming					
24	Layers Farming					
25	Upholstery					
26	Bee Keeping					
27	Meat Processing					
28	Street Vended Foods					
29	Phone Repairing					
30	Computer Repairing					
31	Home Gadgets Repairing					
32	Boat Building					
33	Landscaping and Gardening					
34	Farm Machinery Operation and Management					
35	Irrigation Infrastructure Operation and Maintenance					

E. DECLARATION AND SUBMISSION OF APPLICATION FORM

I declare that the information I have given is true and to the best of my knowledge.

SIGNATURE: **DATE:**

Applications should be sent by post or delivered by hand or emailed to the TEVETA Regional TEVET Service Centre of the applicant's region of residence, as follows:

**The Regional Service Centre
Manager
Northern Region TEVET Service
Centre
P.O. Box 20138
Luwinga
MZUZU 2
Cell: 265 0999 896 241
Email:
scmmzuzu@tevetamw.com**

**The Regional Service Centre
Manager
Central Region TEVET Service
Centre
P.O. Box 1267
LILONGWE
Cell.: 265 (0) 882 415 348
Email
scmlilongwe@tevetamw.com**

**The Regional Service Centre
Manager
Southern Region TEVET Service
Centre
P.O. Box 31559
Chichiri
BLANTYRE 3
Cell.: 265 (0) 0887 010 788
scmblantyre@tevetamw.com**

The applications should reach the Regional TEVET Service Centre Offices by 25 October 2024.