



SECOND SCHEDULE

REGISTRATION OF TRAINING INSTITUTION

(Regulation 4 / 9)

A. APPLICATION FOR REGISTRATION/UPGRADING FORM

1. **Date of establishment**
2. **Name of the Proposed Training Provider**
.....
3. **Address of Proposed Training Provider**
.....
.....
4. **Telephone**.....
5. **Fax No**.....
6. **E-Mail address**.....
7. **Traditional Authority**.....
8. **District**.....
9. **Name of Proprietor**
.....
.....
10. **Name of Principal**
.....
11. **Name of Training Programme Coordinator**
.....
12. **Type of proprietary** (Tick that which fits your institution)

Government	<input type="checkbox"/>	Parastatal	<input type="checkbox"/>	Religious Org	<input type="checkbox"/>
Aided	<input type="checkbox"/>	NGO	<input type="checkbox"/>	Private	<input type="checkbox"/>
13. **Type of Institution** (Tick that which fits your institution)

Boarding	<input type="checkbox"/>	Day	<input type="checkbox"/>	Day and Boarding	<input type="checkbox"/>
Single – Sex	<input type="checkbox"/>	Co-Education	<input type="checkbox"/>		
14. **Vision**
.....
.....
.....
15. **Mission Statement**
.....
.....
.....
.....
16. **Objectives/Goals**
 1.
 2.
 3.
 4.
 5.

6.
 7.

17. Trade/ Occupation

OCCUPATION	Year	Female Students	Male Students	Total
	1			
	2			
	3			
	4			
	1			
	2			
	3			
	4			
	1			
	2			
	3			
	4			
	1			
	2			
	3			
	4			
	1			
	2			
	3			
	4			

NB. Where a table is not sufficient please use additional paper

18. Specific Target Group (Tick that which fits your institution)

- Orphans Street Kids
 Secondary School Graduates
 Disabled (Specify).....
 Others (Specify).....

19. Curriculum being used by Trade/Occupation

No.	Curriculum	Reputable Examining Board registered with	Title and Author of relevant books being used
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

NB. Where a table is not sufficient please use additional paper

20. Names of Trainers/Instructors and their Qualifications

Name of Trainer	Qualifications		Trade/Occupation being taught	Highest Level Instructor is Handling	Work Experience (yrs) (May include Industrial Attachment for some occupations)	Teaching Certificate	
	Academic	Professional				Year	College

NB. Where a table is not sufficient please use additional paper

21. Names and Professional Qualifications for Board of Directors/Governors

Name	Professional Qualification

NB. Where a table is not sufficient please use additional paper

22. Suitability of Buildings

Availability of documents supporting occupation of the buildings

YES

NO

23. Suitability of classroom

Classroom Number	Classroom Size (LxW)	Maximum Seating Capacity	No. of Students Available	Light Ratio	Ventilation Ratio

24. List down the equipment that you will be using, that is learning or training aids, such as overhead projectors, computers, etc.

Equipment	Quantity	Condition

NB. Where a table is not sufficient please use additional paper

25. State the proposed opening hours for the Training Institution

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Boarding Facilities

26. Number of hostels.....

- Condition of hostels.....
27. **Kitchen**
Condition of kitchen.....
28. **Dining Hall**
Condition of Dining Hall.....
29. **Availability of Good Sanitation, Occupational Safety and Power Supply**
- (a) Source of water.....
 - (b) Source of Power.....
 - (c) Are fire extinguishing facilities available?..... YES NO
 - (d) Expiry date of contents of fire extinguishers.....
 - (e) Is there evidence of trained personnel to use the fire extinguishers? YES NO
 - (f) Are staff toilets available?..... YES NO
 - (g) Number of staff toilets.....
 - (h) Type of staff toilets.....
 - (i) Are students' toilets available?..... YES NO
 - (j) Number of students' toilets (specify teaching area, hostels, dining hall).....
 - (k) Type of students' toilets.....
 - (l) Is an equipped First Aid Kit available?..... YES NO
30. **Recreation**
- (a) Is Football Play Field available?..... YES NO
 - (b) Condition of play fields.....
 - (c) Is Volleyball Pitch available?..... YES NO
 - (d) Condition of Volleyball pitch.....
 - (e) Is Netball Pitch available?..... YES NO
 - (f) Condition of Netball pitch.....
 - (g) Are there any other facilities? Specify.....
.....
31. **Accessibility of premises to accommodate people with special needs**.....
.....
.....
32. **Suitability of the locality as a centre of Education and Training**.....
.....
33. **Declaration**
I

Declare that the information given above is correct.

Date..... Signature.....

NOTE: This application should be accompanied by a non-refundable fee of the amount prescribed for the category for which this application is made.

B. EVALUATION

For Official use only.

34. Observations by TEVETA official

Item Number	Comments

NB. Where a table is not sufficient please use additional paper

35. Agreements on areas of improvements between TEVETA and Applicant.

.....

NAME OF TEVETA Inspector..... Name of Applicant

Signature..... Signature.....

Name of Witness.....

Occupation.....

Address.....

.....

Signature.....

NAME OF TEVETA Inspector.....

Signature.....

NAME OF TEVETA Inspector.....

Signature.....

36. **RECOMMENDATIONS TO THE EXECUTIVE DIRECTOR**.....
.....
.....
.....

37 **APPROVED/NOT APPROVED***
.....

.....
EXECUTIVE DIRECTOR'S SIGNATURE

.....
DATE

** Delete whichever is not applicable*



FOURTH SCHEDULE

REGISTRATION FEES

(Regulation 10)

		K	t
1. Initial registration:			
	Category E	10,000	00
	Category D	15,000	00
	Category C	20,000	00
	Category B	25,000	00
	Category A	30,000	00
2. Renewal of registration:			
	Category E	10,000	00
	Category D	15,000	00
	Category C	20,000	00
	Category B	25,000	00
	Category A	30,000	00
3. Upgrading of classification:			
	From Category E to Category D	15,000	00
	From Category D to Category C	20,000	00
	From Category C to Category B	25,000	00
	From Category B to Category A	30,000	00