



National Council on Technical and Vocational Education and Training

Gordon Town Rd., P.O. Box 179, Kingston 6, Jamaica, W.I. Telephone: (876) 977-1700-5

APPLICATION FOR CUSTOMIZED CERTIFICATION

Section A

Name of Organization: _____

Address: _____

Contact Name: _____ Position: _____

Email: _____ Telephone: _____

Name of Programme(s)	Contact Hours	Training Start Date	Training End Date	Assessment Date

Section B

1. Checklist - Application for New Programme(s)

The following must be submitted for review and approval:

- Detailed course content including course title and contact hours (prescribed template)
- Assessment strategy/instruments that will be used to evaluate participants' performance
- A current Facilities Audit report on the training site(s) from a trained/recommended auditor

Please tick ✓ if:

- NCTVET should develop the assessment instruments

- NCTVET should conduct the Facilities Audit

Proposed date for the Facilities audit: _____

2. Checklist - Application to Use Approved Programme(s)

The following must be submitted for review and approval:

- A current Facilities Audit report on the training site(s) from a trained/recommended auditor

If Facilities Audit was conducted by the NCTVET, please indicate the following:

- Name of organisation/training site: _____

- Date of audit: _____

If the training entity/organisation is accredited by the NCTVET for a related NVQ-J programme(s), please indicate name of programme(s): _____

Section C

Number of organisation(s) logo(s) to be printed on the certificate(s):

- One (1)
- Two (2)

Name of organisation (#1): _____

Name of signatory (#1): _____ Position: _____

Signatory for organisation (#1) must affix signature in the box below:

Name of organisation (#2): _____

Please note the following:

1. Application must be submitted with a printed colour copy of the Organization(s) logo(s)
2. Electronic specimen of the Organization(s) logo(s) must be submitted to:
derwent_clarke@heart-nta.org and copied to irm_nctvet@heart-nta.org

I hereby certify that the information provided on this application is accurate and complete.

Signed by (*on behalf of Organization #1*):

_____ *Print Name*

_____ *Signature*

_____ *Date*

FOR OFFICIAL USE ONLY

Date application received: _____

Fee received: _____

Budget Line Item #: _____

Receipt No: _____