



National Council on Technical & Vocational Education & Training

Gordon Town Road, P.O. Box 179, Kingston 6, Jamaica W.I
 Telephone: (876) 977-1700-5 Fax: (876) 977-1707, 977-1115

APPLICATION FOR ON-THE-JOB ASSESSMENT (ORGANIZATION)

To be completed by the Supervisor/Manager of the Organization

Name of Organization: _____

Address of Organization: _____

Telephone: _____ Fax: _____

Contact Name: _____ Position: _____

Contact Number (if different from above): _____

| Skill Area(s) | Level | Number of Applicants | Length of Training (in hours) |
|---------------|-------|----------------------|-------------------------------|
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| | | | |
| | | | |

Start Date for Training: _____ Proposed Date for Assessment: _____

Will the company/individual object to the use of:

(a) an internal assessor (e.g. a supervisor)? Yes No

(b) an external assessor? Yes No

Name of Individual/Agency /Company providing funding for the assessment:

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

 Name (Company Manager/Representative)

 Signature (Company Manager/Representative)

 Date

 Official Stamp/Seal of the Company