



## National Council on Technical and Vocational Education and Training

### RE-SIT REGISTRATION FORM FOR NCTVET ASSESSMENT

Name of Institution/Organization/Individual:		Email Address:											
Qualification Plan/Skill Area:													
Qualification/Skill Area Code:	Level:	Assessment Date:											
Assessment for Re-sit: <input type="checkbox"/> Cluster <input type="checkbox"/> Challenge <input type="checkbox"/> CPL <input type="checkbox"/> On-the-Job													
<b>APPLICANT'S INFORMATION</b>													
Last Name:		First Name:											
		M.I.											
Email Address:		TRN: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
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Cluster for Re-sit (where applicable): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6													
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Description		Code											
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**I hereby certify that the information provided on this application is accurate and complete.**

Number of Applicants submitted: \_\_\_\_\_ Date: \_\_\_\_\_

Examination Coordinator: \_\_\_\_\_ Contact #: \_\_\_\_\_  
*Print Name*

Principal/Manager: \_\_\_\_\_  
*Print Name* *Signature*

- Please note:**
- (i) Names must be written in alphabetical order
  - (ii) All sections must be answered correctly to ensure accurate processing
  - (iii) Applications must be submitted with proof of payment to the Information & Records Management Unit, NCTVET