TESDA-OP-CO-01-F03

 (Rev.No.00-03/08/17)

 **(Letter Head of the TVI/Company)**

**LETTER OF APPLICATION/INTENT**

 Date

The Provincial Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear Sir/Madam:

 We would like to express our intention to apply for program registration for the following qualification(s):

|  |  |
| --- | --- |
| Qualification | Training Duration (No. of Hours) |
| 1. |  |
| 2. |  |
| 3. |  |

 Enclosed are the required documents.

 We hope for your immediate action on this application.

 Very truly yours,

 Signature over Printed Name

 (President/Head TVI/Company)

Attachments: (As indicated in the Program Registration Checklist)

1. Corporate Administrative Documents
2. Curricular Requirements
3. Faculty and Personnel

4. Program Guidelines

5. Support Services

 TESDA-OP-CO-01-F04

 (Rev.No.00-03/08/17)

**Program Registration Requirement Checklist**

**(For Institution-based Programs)**

| Name of TVI |  |
| --- | --- |
| Address |  Tel/Fax No.: |
| Program Applied |  Duration: (in hrs.) |
| Training Capacity | No. of trainees per batch: |
| No. of batches per year: |
| **Program Registration Requirements** |  |  |
|  | **Compliant** | **Remarks** |
| **Yes** | **No** |
| 1. **CORPORATE AND ADMINISTRATIVE DOCUMENTS**
 |  |  |  |
| 1. Letter of Application/Intent (TESDA-OP-CO-F03)
 |  |  |  |
| 1. Board Resolution/Academic Council Resolution to offer the program signed by the Board Secretary and attested by the Chairperson (SUCs, LCUs, and private institutions) Board Resolution/Academic Council Resolution must specifically cover the training delivery site)
 |  |  |  |
| 1. Special law creating the institution (for public institution) e.g. Republic Act, Executive Order, Sanggunian Resolutions)
 |  |  |  |
| 1. Securities and Exchange Commission (SEC) Registration for *private institutions*
 |  |  |  |
| 1. Articles of Incorporation (indicate main address)
 |  |  |  |
| 1. Proof of building Ownership or contract of lease (covering at least two years) upon application for new program. For succeeding application a valid contract of lease
 |  |  |  |
| 1. Current Fire Safety Certificate (training site)
 |  |  |  |
| 1. For Institutions that will branch out
 |  |  |  |

| Name of TVI |  |
| --- | --- |
| Address |  Tel/Fax No.: |
| Program Applied |  Duration: (in hrs.) |
| Training Capacity | No. of trainees per batch: |
| No. of batches per year: |
| **Program Registration Requirements** |  |  |
|  | **Compliant** | **Remarks** |
| The Articles of Incorporation & Bylaws must state reasons for opening of the branch. The Articles of Incorporation signed by majority of the Incorporators must be notarized and received by SEC |  |  |  |
| 1. **CURRICULAR REQUIREMENTS**
 |  |  |  |
| 1. Competency-based Curriculum (TESDA-OP-CO-01-F11) indicating the qualification being addressed and the competencies to be developed

a.1 Course Design  a.2 Modules of Instruction |  |  |  |
| 1. List of Equipment (TESDA-OP-CO-01-F13), Tools (TESDA-OP-CO-01-F14) and Consumables/Materials (TESDA-OP-CO-01-F15) necessary to deliver the program
 |  |  |  |
| 1. List of instructional materials (TESDA-OP-CO-01-F16) (such as reference materials, slides, video tapes, internet access and library resource necessary to deliver the program
 |  |  |  |
| 1. List of Physical Facilities (TESDA-OP-CO-01-F17) and List of Off-Campus Physical Facilities TESDA-OP-CO-01-F18)
 |  |  |  |
| 1. Shop layout of training facilities indicating the floor area
 |  |  |  |
| 1. Institutional Assessment

Note: Actual Assessment Tools should be shown during inspection  |  |  |  |
| 1. **FACULTY AND PERSONNEL**
 |  |  |  |
| 1. List of Officials (TESDA-OP-CO-01-F19)
 |  |  |  |

| Name of TVI |  |
| --- | --- |
| Address |  Tel/Fax No.: |
| Program Applied |  Duration: (in hrs.) |
| Training Capacity | No. of trainees per batch: |
| No. of batches per year: |
| **Program Registration Requirements** |  |  |
|  | **Compliant** | **Remarks** |
| 1. List of Trainers (TESDA-OP-CO-01-F20) with their qualifications, areas of expertise, and courses/seminars attended with supporting evidence available, such as relevant NTTC/trainer qualification certificates and certification of employment. For NTR programs, copy of Training Certificate on Trainers Methodology I or other Trainer Methodology Certificates, and evidence of specialization of the trainer of the program. A certified true copy of notarized contract of employment by the applicant TVI is required.
 |  |  |  |
| 1. List of Non-Teaching Staff (TESDA-OP-CO-01-F21) with their qualifications with supporting evidences available, such as copies of certificates/contracts of employment, etc.
 |  |  |  |
| 1. **PROGRAM GUIDELINES**
 |  |  |  |
| 1. Program fees, with breakdown of tuition and other fees and schedule of fee payment duly signed by the school head indicating the effectivity of school year
 |  |  |  |
| 1. Documented grading system, details of which are provided to students/ trainees at the start of their program
 |  |  |  |
| 1. Entry requirements for the program comply with the relevant training regulations if applicable
 |  |  |  |

| Name of TVI |  |
| --- | --- |
| Address |  Tel/Fax No.: |
| Program Applied |  Duration: (in hrs.) |
| Training Capacity | No. of trainees per batch: |
| No. of batches per year: |
| **Program Registration Requirements** |  |  |
|  | **Compliant** | **Remarks** |
| 1. Rules on attendance
 |  |  |  |
| 1. **SUPPORT SERVICES**
 |  |  |  |
| 1. Health services are available to the students/trainees. If these services are contracted out or out-sourced, the contract or MOA or similar documents must be submitted.
 |  |  |  |
| 1. Job Linkaging and Networking Services (JLNS) which include Career Services and Employment Facilitation available to students/trainees/TVET graduates (reference: Section IV, letter A – Delivery Platforms of JLNS Nos. 1-4 of the TESDA Circular No. 38, series of 2016)
 |  |  |  |
| 1. Community outreach program – optional
 |  |  |  |
| 1. Research program, activities that will support continuing development of the program of the school – optional
 |  |  |  |
| 1. **Additional Requirements for DTS/DTP Applicants**
 |
| 1. Application Letter of the TVI and the Establishment
 |  |  |  |
| 1. Accomplished Application form for TVI and for Establishment
 |  |  |  |
| 1. Photocopy of TVI’s CTPR
 |  |  |  |
| 1. Photocopy of Establishment SEC Registration
 |  |  |  |
| 1. Memorandum of Agreement with partner Establishment/s
 |  |  |  |
| 1. Training Plan (DTS Form 5)
 |  |  |  |
| 1. Certification issued by the TVI designating the Industrial Coordinator
 |  |  |  |

| Name of TVI |  |
| --- | --- |
| Address |  Tel/Fax No.: |
| Program Applied |  Duration: (in hrs.) |
| Training Capacity | No. of trainees per batch: |
| No. of batches per year: |
| **Program Registration Requirements** |  |  |
|  | **Compliant** | **Remarks** |
| 1. Certification issued by the company designating the In-plant Trainer
 |  |  |  |
| Forms – refer to TESDA Circular No. 31 Series 2012 - Guidelines in Implementing the Dual Training System (DTS) Programs and Dualized Training Programs (DTP)  |  |  |  |
| 1. **Requirements for Mobile Training Application**
 |
| 1. Copy of CTPR of the registered institution-based program
 |  |  |  |
| 1. Copy of the approved program registration documents
 |  |  |  |
| 1. LTO Registration of the prime mover of the MBC ( for delivered in a self contained van)
 |  |  |  |
| 1. Design/lay-out of the MBC
 |  |  |  |
| Reference: TESDA Circular No. 27 Series of 2009 Operational Polices in the Registration of Mobile Training Classrooms, Park and Training Programs (MBC-MTP) and TESDA Order 28 Series in 2012 – Addendum and Amendments to the Guidelines and Registration of Mobile Training Program (MTP)  |  |  |  |

 **(Note: Erasure is not allowed on the submitted checklist of requirements)**

|  |
| --- |
| General Comments/Remarks:   |
| Prepared by:   PO UTPRAS Focal Person  Date:  | Noted by:  Provincial Director Date: |

TESDA-OP-CO-00-F05

 (Rev.No.00-03/08/17)

**Program Registration Requirement Checklist**

 (Company/Enterprise-based Programs)

| Name of Company |  |
| --- | --- |
| Address |  Tel/Fax No.: |
| Program Applied |  Duration: (in hrs.) |
| Training Capacity | No. of Trainees per batch: |
| No. of Batches per year: |
| **Program Registration Requirements** |  |
| **Program Registration Requirements** | **Compliant** | **Remarks** |
| **Yes** | **No** |
| * 1. **CORPORATE AND ADMINISTRATIVE DOCUMENTS**
 |  |  |  |
| 1. Letter of Application/Intent (TESDA-OP-CO-F01)
 |  |  |  |
| 1. Securities and Exchange Commission (SEC) Registration for Corporation.

For sole proprietorship, a DTI Registration is required. |  |  |  |
| 1. Proof of building ownership or contract of lease (covering at least two years) upon application for new program. For succeeding application a valid contract of lease)
 |  |  |  |
| 1. Current Fire Safety Certificate (training site)
 |  |  |  |
| * 1. **CURRICULAR REQUIREMENTS**
 |  |  |  |
| 1. Competency-based Curriculum (TESDA-OP- CO-01-F08) indicating the qualification being addressed and the competencies to be developed

 a.1 Course Design  a.2 Modules of Instruction  |  |  |  |
| 1. List of Equipment (TESDA-OP-CO-01-F13), Tools (TESDA-OP-CO-01-F14), and Consumables (TESDA-OP-CO-01-F15) necessary to deliver the program
 |  |  |  |

| Name of Company |  |
| --- | --- |
| Address |  Tel/Fax No.: |
| Program Applied |  Duration: (in hrs.) |
| Training Capacity | No. of Trainees per batch: |
| No. of Batches per year: |
| **Program Registration Requirements** |  |
| **Program Registration Requirements** | **Compliant** | **Remarks** |
| c) List of Physical Facilities (TESDA-OP-CO-01-F17) and List of Off-Campus Physical Facilities TESDA-OP-CO-01-F18) indicating floor area  |  |  |  |
|  d) Shop layout of training facilities indicating the floor area |  |  |  |
| * 1. **Trainer/HRD Personnel**
 |  |  |  |
| 1. List of Trainers (TESDA-OP-CO-01-F20) with their qualifications, areas of expertise, and courses/seminars attended with supporting evidence available, such as relevant NTTC/trainer qualification certificates and certification of employment.)
 |  |  |  |

 **(Note: Erasure is not allowed on the submitted checklist of requirements)**

|  |
| --- |
| General Comments/Remarks:   |
| Prepared by:   PO UTPRAS Focal Person  Date:  | Noted by:  Provincial Director Date: |

 TESDA-OP CO-01-F11

(Rev.No.00-03/08/17)

 **COMPETENCY-BASED CURRICULUM**

1. **Course Design**

Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nominal Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Qualification Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainee Entry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Structure

Basic Competencies

No. of Hours: (\_\_\_\_\_)

|  |  |  |  |
| --- | --- | --- | --- |
| Unit of Competency | Module Title | Learning Outcomes | Nominal Duration |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Common Competencies

No. of Hours: (\_\_\_\_\_)

|  |  |  |  |
| --- | --- | --- | --- |
| Unit of Competency | Module Title | Learning Outcomes | Nominal Duration |
|  |  |  |  |
|  |  |  |  |
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Core Competencies

 No. of Hours:(\_\_\_\_\_)

|  |  |  |  |
| --- | --- | --- | --- |
| Unit of Competency | Module Title | Learning Outcomes | Nominal Duration |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Elective Competencies ( if any)

No. of Hours: (\_\_\_\_\_)

|  |  |  |  |
| --- | --- | --- | --- |
| Unit of Competency | Module Title | Learning Outcomes | Nominal Duration |
|  |  |  |  |

Assessment Methods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Course Delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Resources:

(List of recommended tools, equipment and materials for the training of

 (no. of trainees) trainees for (title of program/qualification).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qty.** | **Tools** | **Qty.** | **Equipment** | **Qty.** | **Materials** |
|  |  |  |  |  |  |

Facilities:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Qualification of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instructors/Trainers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Modules of Instruction**

 Basic Competencies : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Unit of Competency : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Modules Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Module Descriptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Nominal Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Summary of Learning Outcomes:

 LO1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LO2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 LO3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details of Learning Outcomes:

LO1 . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **Assessment Criteria** | **Contents** | **Conditions** | **Methodologies** | **Assessment Methods** |
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LO2 . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Assessment Criteria** | **Contents** | **Conditions** | **Methodologies** | **Assessment Methods** |
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LO3 . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Assessment Criteria** | **Contents** | **Conditions** | **Methodologies** | **Assessment Methods** |
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(Note: Copy format for modules of instructions for Common and Core Competencies)

 TESDA-OP**~~-~~**CO -01-F13

(Rev.No.00-03/08/17)

**LIST OF EQUIPMENT**

(As listed in the respective TR)

 Program:

Name of Institution/Company:

| **Name of Equipment****(1)** | **Specification****(2)** | **Quantity Required****(3)** | **Quantity on Site****(4)** | **Difference****(5)** | **Inspector’s Remarks****(6)** |
| --- | --- | --- | --- | --- | --- |
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 Note: Columns 1-4 to be filled out by Institution/Company; Columns 5-6 to be filled out by PO/Expert

 Continue in additional sheet

|  |  |
| --- | --- |
| Submitted by:  TVI/Company Representative Date: | Attested by:  TVI/Company HeadDate:  |
|  Inspected by:  PO UTPRAS Focal Person Date:  |  ExpertDate:  |

 TESDA-OP~~-~~CO01-F14 (Rev.No.00-03/08/17)

 **LIST OF TOOLS**

(As listed in the respective TR)

 Program:

 Name of TVI/Company:

| **Name of Tools****(1)** | **Specification****(2)** | **Quantity Required****(3)** | **Quantity on Site****(4)** | **Difference****(5)** | **Inspector’s Remarks****(6)** |
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 Note: Columns 1-4 to be filled out by Institution/Company; Columns 5-6 to be filled out by PO/Expert

 Continue in additional sheet

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| --- | --- |
| Submitted by:  TVI/Company Representative Date: | Attested by:  TVI/Company HeadDate:  |
|  Inspected by:  PO UTPRAS Focal Person Date:  |  ExpertDate:  |

 TESDA-OP-CO-01-F15

 (Rev.No.00-03/08/17)

**LIST OF CONSUMABLES/MATERIALS**

(As listed in the respective TR)

 Program:

 Name of TVI/Company:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **List of Consumables/****Materials****(1)** | **Specification****(2)** | **Quantity Required****(3)** | **Quantity on Site****(4)** | **Difference****(5)** | **Inspectors Remarks****(6)** |
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 Note: Columns 1-4 to be filled out by Institution; Columns 5-6 to be filled out by PO/Expert

 Continue in additional sheet

|  |  |
| --- | --- |
| Submitted by:  TVI/Company Representative Date: | Attested by:  TVI/Company HeadDate:  |
|  Inspected by:  PO UTPRAS Focal Person Date:  |  ExpertDate:  |

 TESDA-OP-CO -01-F16

 (Rev.No.00-03/08/17)

**LIST OF INSTRUCTIONAL MATERIALS/LIBRARY HOLDINGS**

 Program:

 Name of TVI:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** | **Classification\*** | **Date of** **Publication** | **No. of Copies (where applicable)** | **Inspector’s Remarks** |
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| Note \*Classify whether journal, book, magazine, electronic materials available on electronic media or in the internet, etc. |

 Columns 1-4 to be filled out by Institution/Company; Column 5 to be filled out by PO/Expert

 Continue in additional sheet

|  |  |
| --- | --- |
| Submitted by:  TVI Representative Date: | Attested by: TVI HeadDate:  |
|  Inspected by:  PO UTPRAS Focal Person Date:  |  ExpertDate:  |

TESDA-OP-CO-01-F17

(Rev.No.00-03/08/17)

 **LIST OF PHYSICAL FACILITIES**

(As listed in the respective TR)

 Program:

 Name of TVI/Company:

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| **Facility** | **Description** | **Quantity** | **Inspector’s Remarks**  |
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 Note: Columns 1-3 to be filled out by Institution/Company; Column 4 to be filled out by PO/Expert

 Continue in additional sheet

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| Submitted by:  TVI/company Representative Date: | Attested by: TVI/Company HeadDate:  |
|  Inspected by:  PO UTPRAS Focal Person Date:  |  ExpertDate:  |

 TESDA-OP-CO-01-F18

 (Rev.No.00-03/08/17)

**LIST OF OFF-CAMPUS PHYSICAL FACILITIES**

Program:

Name of TVI/Company:

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| --- | --- | --- | --- |
| **Facility** | **Description** | **Quantity** | **Inspector’s Remarks** |
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| Note: Columns 1-4 to be filled out by Institution/Company Continue in additional sheet |

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| Submitted by:  TVI/Company Representative Date: | Attested by: TVI/Company HeadDate:  |
|  Inspected by:  PO UTPRAS Focal Person Date:  |  ExpertDate:  |

 TESDA-OP-CO-01-F19

 (Rev.No.00-03/08/17)

 **LIST OF OFFICIALS**

 Program:

 Name of Institution:

|  |  |  |
| --- | --- | --- |
|  | **Contact Details** |  |
| **Name** | **Position** | **(Address)** | **Contact No.** | **Email Address** | **Nature of****Appointment** | **Educational****Attainment** |
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| Note: Columns 1-5 to be filled out by Institution  Continue in additional sheet |

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| Submitted by:  TVI Representative Date: | Attested by: TVI HeadDate:  |
|  Inspected by:  PO UTPRAS Focal Person Date:  |  ExpertDate:  |

 TESDA-OP-CO-01-F20

 (Rev.No.00-03/08/17)

 **LIST OF TRAINERS**

 Program:

 Name of Institution/Company:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Position** | **Nature of Appointment** | **Educational Attainment** | **No. of** **Years of Teaching Experience** | **No. of Years of Industry Experience Relevant to the Qualification****(with Certificate of Employment), if applicable**  | **Trainer’s** **Qualification** |
| **NTTC\*****Number**  | **Validity** |
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 Note: For NTR Title of Trainers Training or other licenses/certificates

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|  Columns 1-8 to be filled out by Institution/Company  |

 Continue in additional sheet

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| Submitted by:  TVI/Company Representative Date: | Attested by: TVI/Head RepresentativeDate:  |
|  Inspected by: PO UTPRAS Focal Person Date:  |  ExpertDate:  |

TESDA-OP-CO-01-F21

 (Rev.No.00-03/08/17)

**LIST OF NON-TEACHING STAFF**

 Program:

 Name of Institution:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Position** | **Nature of** **Appointment** | **Educational Attainment** | **Experience Related to Position** |
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|  **Note:**  Columns 1-5 to be filled out by Institution  Continue in additional sheet |

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| --- | --- |
| Submitted by:  TVI Representative Date: | Attested by: TVI HeadDate:  |
|  Inspected by:  PO UTPRAS Focal Person Date:  |  ExpertDate:  |