

P.O Box 20050, Kampala, Uganda TEL: 0414259412/0414251256

info@dituganda.org

Document Title: Application Form for Assessment Centres

Document No: DIT/AC/F001

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Guidelines for Centre accreditation

Before a centre is accredited by DIT; the following parameters are a requisite for a centre to qualify for inspection and subsequent accreditation as an assessment centre.

- a) The institution must be registered with BTVET department or UGAPRIVI as a licensed BTVET training provider.
- b) For the enterprise, it must be registered with the registrar of companies and has a valid operational license.

The registration certificate in both cases above is a basis for qualifying an applicant centre to be inspected for accreditation as an assessment centre.

c) The institution/enterprise should be in possession of a fulfilling environment for assessment of candidates. Besides the general infrastructure, the centre should have adequately equipped production shops to support assessment exercise in the relevant occupation. And these comprises of desirable machinery, equipment, tools and materials (as per ATP specifications and number of candidates); either available at centre or proof that the centre can access them through collaborative partnership with industrial establishment and networking with centres within its proximity.

Centres seeking accreditation should complete this application form, *DIT/AC/F001* and submit it to the A&C department. The set application fees must be paid as per the fees policy, and a copy of the pay slip attached to the form.

The following must be completed in the annex section of this form:

- A sketch map from describing the location of the centre from the nearest trading centre (ANNEX A)
- Organisation chart/Structure (ANNEX B)
- Details of the Instructors/Teachers/Training staff (ANNEX C)
- Types of Training Occupations offered (ANNEX D)

The accredited centre is obliged to have capacity of qualified human resource to implement the assessment guidelines.



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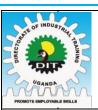
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SECTION A : Organisation / Institution Details
Name of the Organisation/Institution:
2. Nature of activity (Business / Training / Other Please specify)
3. Legal status of the Organisation / Institution
Registered with MOES: YES NO
If Yes, Reg No Licence No
■ Member of UGAPRIVI: YES NO
■ Registered by URSB: YES NO If Yes, Reg. Number:
Member of any Other Body/ Organisation Please Specify:
4. State the Mission of the establishment:
5. Type of Curriculum used (Tick as appropriate)
■ Formal
■ Non-formal
■ Poth

6. Organisation contact and address						
Postal Address:	Phone contact:					
Official email:	Official website:					
Physical Address						
District						
County						
Sub-county/Division						
Parish						
Village						
Nearest Town/Trading centre						

Please complete ANNEX D: Types of Training Occupations offered



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Distance from the town/Centre (Km)	
Availability of Sign post	

(Complete **ANNEX A** by Providing a sketch map from the nearest town/trading centre)

SECTION B: Personnel Details

7. Details of Director							
Directors name:	Mobile Number:						
Physical address:	Email address:						
,							
8. Details of Head Teacher / Principle							
Principle/ Head teacher's name:	Mobile Number:						
Physical address:	Email address:						

(Please provide details of the Organisation chart/Structure in **ANNEX B**; and Details of the Instructors/Teachers/Training staff in **ANNEX C.**)

SECTION C: Infrastructure Requirements

REQUIRED STANDARD	YES	NO	N/A	Remarks
Building Struc	ture			
The building conforms with health and building regulations				
Provisions for disabled persons				
Office accommodation				
Staffroom				
Classrooms				
Number of Classrooms available				
Stuffed with tables and chairs				
HALL				
Hall size in square meters (m ²)				
Stuffed with tables and chairs				
Well ventilated and enough light				
Available Workshop to accommodate 20 candidat	es mi	inim	um v	vith tools & equipment
Auto-Electrician workshop				
Brick layer workshop				
Carpenter and joiner workshop				
Caterer workshop				
Domestic electrician workshop				
Hair dresser workshop				
Motor vehicle mechanic workshop				
Plumber workshop				
OTHER Please specify				



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	REQU	IRED STANE	DARD			YE	S NO	N/A	Remarks
				Sar	nitation an	d Utilit	ies		
		nitation (Wa	ater source,	toilet)					
	r supply	<u> </u>							
Grid p							_		
-	power								
Fuel g	enerate	or			- 10.6				
				eral Healt	th and Safe	ety Req	uirer	nents	
		t aid kit/ clir	nic in place						
		equipment		مسجنات					
<u> </u>		g health and		vorkers					
Prope	r Waste	manageme	ent						
	SECTION D: Official endorsement I confirm on behalf of							nces will be notified	
	a)				required by [ose or a	accreditation
	b)	Agree to giv	e the inspect	ors reasona	ble access to	the pren	ises		
	e)	Undertake t	o be bound k	y the accre	ditation code	of condu	cts		
	Signed	:							
	Princip	le / Head tead	cher Name: .						
	Phone contact: Signature:								
	Date and Stamp:								
	Received By:								
	For Official Use Only								
Receiv	ved by					Date Re	ceive	d	
District of applicant Region of applicant									
Doma	ر مم دیار	Completence							



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ANNEX A: Sketch map from describing the location of the centre from the nearest trading centre



DIRECTORATE OF INDUSTRIAL TRAINING (DIT) MINISTRY OF EDUCATION AND SPORTS P.O Box 20050, Kampala, Uganda

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ANNEX B: Organisation chart/Structure



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ANNEX C: Details of the Instructors/Teachers/Training staff

S/N	Name	Occupation	Tech / Voc. Qualification	Teaching Qualifications	Remarks



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ANNEX D: Types of Training Occupations offered

S/N	Training Occupation	Duration	Intake	Training	Student population 1st Year 2nd Year 3rd Year		
			level	level	1 st Year	2 nd Year	3 rd Year