

DIRECTORATE OF INDUSTRIAL TRAINING (DIT)
MINISTRY OF EDUCATION AND SPORTS
P.O Box 20050, Kampala, Uganda
TEL: 0414259412/0414251256
info@dituganda.org

Document No: DIT/AC/F005

Effective Date: Jan/2021

Document Title: Modular Assessment Application Form

Issue No: 01

Rev. No: 0

This form when completed must be presented to the **Senior Qualifications Officer** with either three coloured unglazed passport sized photographs **or** preferably those able should submit digital passport sized photographs saved on CD or memory stick and a single hardcopy passport sized photograph attached to the application form.

PART A

(To be completed by the applicant)

1. Name:

.....
(Surname) (Middle name) (First name)

2. Date of birth: Place of birth
Gender.....

3. Nationality: Village:

4. Sub-county: District of birth.....

5. Home address.....

6. Mobile contact.....

7. E-mail address:

6. Do you have any form of Disability? yes No

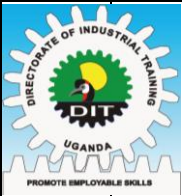
7. If yes, indicate the type of Disability.....

8. Level of Education obtained (*Tick The appropriate maximum level*)

- a) Not attended school at all
b) Primary
c) Secondary
d) Tertiary
e) University

9. Record of Schools(Primary/Others) attended and awards (Ignore if not school at all)

#	School/Institution/Enterprise	Year/Period	Award



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10. Occupation in which assessment is applied for:

.....

11. Modules entered for assessment

.....
.....
.....
.....

12. Have you been assessed by the DIT assessors before? Yes No (Tick the appropriate box)

13. If yes indicate:

- i) Occupation in which assessment was conducted.....
- ii) And when you were assessed
- iii) Type of Certificate/Transcript issued.....
- iv) Certificate number issued (if applicable).....
- v) Level of competence assessed;

a) Modular assessment b) UVQFc) level 1 c) Worker's PAS (Tick the appropriate box)

14. Specify the language in which assessment is desired

.....

(Please indicate sign language for the deaf and additional considerations for other persons with disabilities including the blind))

Signature /thumb print..... Date:

(Applicant)

PART B

(To be completed by the Head of School)

15. Name of Principal/Head Teacher.....

Phone contact.....

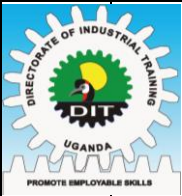
16. Name of Assessment Centre:

Centre No:

17. Present Address: P.O Box.....Town.....

District.....

18. E-mail address: Phone contact.....



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19. Date when training of the applicant commenced:
.....

20. Date when training is due to end:
.....

21. Proposed date when assessment is convenient:
.....

22. Sponsored by: a) Gov't b) School c) NGO d) Employer e) Self
(Tick the appropriate box)

(It is your obligation to establish the validity of the information entered by the applicant on this form before it is submitted to DIT)

NB: Principal/Head Teacher/Registrar/Examination secretary is advised to submit soft copy of digital PP size photos of all candidates on CD or memory stick whichever is convenient when delivering the application forms to Senior

Qualifications Officer at DIT

Official stamp

Signature: Date: