Maldives National Skills Development Authority

Commencement of Training Form (COT)

Program Details:

Name of the Training Programme: ....

Project Name (if any): ....

MNQF Level: .... **Duration:** .... **Batch Number:** ....

Commencing Date: .... **Type of Training:**

☐ Institutional Based Training

☐ Employer Based Training

Entry Criteria:

....

....

....

Training Provider Details:

Name of the Training Provider: ....

Training Provider Registration Number: ....

Contact: ....

Address: .... **Atoll:** .... **Island:** ....

E-mail Address: ....

Program Coordinator:

Name: .... **Contact:** ....

Highest Qualification: ....

ID Card Number: ....

E-mail Address: ....

Lecturer(s)/Trainer(s) Details:

(Attach lecturers/trainers Details list as shown below)

#	Full Name	ID Card No.	Contact No.	Full-Time	Part Time	Highest Qualifications	E-mail Address
1							

Trainee(s) Details:

(Attach lecturers/trainers Details list as shown below)

#	Full Name	ID Card No.	Gender	Permanent Address	Date of Birth	Qualification	Contact No.	Student Reg. No.
1								

I declare that all information provided in this form and the document is true and accurate.

Prepared by:

Name: .... **Sign:** ....

Designation: .... **Date:** ....

Program Coordinator:

Name: .... **Sign:** ....

Designation: .... **Date:** ....

Stamp

Maldives National Skills Development Authority

Checklist

#	Items to Check	Check by TVETA
1	Completed TVETA Commencement of Training Form	
2	Curriculum Vitae of the trainer(s).	
3	National ID Card/Work Permit Card Copy of the Trainer(s)	
4	Academic Certificates of the Trainer(s)	
5	Training Delivery Plan	
6	List of Trainee(s) including all the details in given format	
7	Copy of the National ID Card of all Trainees	