



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
Technical and Vocational Education and Training Authority (TVETA)
Ministry of Education

Commencement of Training Form

1 Name of Training Provider:

2 DETAILS

Contact Person:

Telephone:

Contact Address:

Fax No:

TVETA Registration No:

E-mail

3 TYPE OF TRAINING PROVIDER

Government Institution

Private Institution

Private Provider (individual)

Employer Based

4 TYPE OF TRAINING PROVIDED

Name of Program

MNQF Level

Duration

Total Credits

Qualification Code

Training Start Date

Training End Date

Contact Hours

5 TRAINING FACILITIES IF ANY

Type of Facility
(eg. School, workshop,

Capacity

Location

6 TRAINING COORDINATOR INFORMATION

Name

ID Card No.

Contact

Email

7 TRAINER INFORMATION

Name

ID Card No.

Contact

Email

Full time

Part time

8 DOCUMENTS TO BE SUBMITTED WITH THIS FORM

I. Trainees List (Annex:1A)

II. Training Schedule (Annex: 1B)

III. Trainer Curriculum Vitae (Annex:1C)



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Annex 1C - Curriculum Vitae - Expert (Trainer)

1 PERSONAL DETAILS

Name:	
Date of Birth:	
Nationality:	

2 CONTACT DETAILS

Address:	Telephone:	
	Fax No:	
	E-mail	

3 EDUCATION (years in which various qualifications were obtained need be stated)

Qualification	Institution	From

4 EMPLOYMENT RECORD

Position held	Employer	From	To	Description of Duties

5 TRAINING EXPERIENCE OVER THE PAST 5 YEARS

Location	Level of Training	Program	Type of Training Provider (Government, private or employer)

6 REGIONS OF WORK EXPERIENCE (Male', South, North or Specific Atoll or Island)

7 Name of Employers with whom you have worked or plan to work.

8 Coordinated Trainings if any:
