



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:

Entry Criteria:

- School Based Training/ Dhasvaaru
 Institutional Based Training
 Employer Based Training
 Community Development Training

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							

Student(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



FOR OFFICIAL USE

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 Schedule	
6	Application form of the student including copy of the National ID Card and educational certificates	