



## 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:

- Institutional Based Training  
 Apprenticeship Program  
 Community Based Trainings  
 School Based Trainings/ Dhasvaaru

### 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



**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 Delivery Plan	
6	List of Trainee(s) including all the details in given format	
7	Copy of the National ID Card of all Trainees	