



TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION COUNCIL (TVET CDACC)

Telposta Towers (25th Floor)
P.O. Box 15745-00100
NAIROBI, KENYA

Kenyatta Avenue
Tel.: +254 20, 2217210 Ext 2503/2506/2521
Email: cdacc.tvet@gmail.com

APPLICATION FORM FOR REGISTRATION OF ASSESSOR/VERIFIER

TYPE OF APPLICATION	TICK (as applicable)	<i>Please affix a passport size photo with name written on back</i>
1. Assessor Registration		
2. Verifier Registration		

PERSONAL DETAILS				
First name	Middle name		Surname	
<i>Please indicate the names as they appear on national Id card no.</i>				
National ID No. (citizen) Please attach a copy of ID certified by Commissioner of Oaths/Judge/Magistrate)				
Passport No. (Non-citizen) Please attach copy of relevant pages of passport certified by Commissioner of Oaths/Judge/Magistrate)				
Date of Birth (dd/mm/yyyy)				
Gender <i>Please tick as appropriate</i>	Male		Female	
Disability (<i>Tick as applicable</i>)	Yes	No	<i>If yes, specify</i>	
Physical Address			Postal Address	
Phone:			Mobile:	
e-mail:				

APPLICANT'S QUALIFICATIONS Academic/Professional Qualifications Achieved (<i>Please attach copies of certificates certified by Commissioner of Oaths/Judge/Magistrate/Institution which awarded the Qualification</i>)

Have you been trained in competency-based assessment? (<i>If yes please indicate the dates and the venue of the training.</i>)	Yes	No
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APPLICANT'S RELATED WORK EXPERIENCE			
OCCUPATION	JOB TITLE	PERIOD	
		FROM	TO
Provide a brief description of relevant work experience for the Unit(s) of Competency you are applying to be accredited to assess and/verify. <i>Please attach CV and relevant work experience testimonials such as appointment letters and recommendation letters from employer(s) at least for the last three years.</i>			

You may use additional paper if more space is required.

SPECIFIC REGISTRATION INFORMATION (Please indicate the course(s) /qualification(s) and respective unit(s) of competency you wish to be registered as assessor/verifier)	
COURSE/QUALIFICATION AND LEVEL e.g. Food Production Level 6	UNIT(S) OF COMPETENCY FOR THE COURSE (as stated in the Occupational Standards)
	1.
	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.
	10.
	11.
	12.
	13.
	14.
	15.

You may use space on page 4 if more space is required.

EMPLOYER INFORMATION		
Full Name of Employer <i>(please specify whether company or training provider)</i>		
Postal Address	Code	City/town
Physical Location		
Phone	Mobile	e-mail
Applicant's Duty Station <i>(City/town where you are currently posted by your employer)</i>		

DECLARATION

I, declare that the information contained in this application is true and accurate to the best of my knowledge.

Signature: Date:

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