



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

Telposta Towers (25<sup>th</sup> Floor)  
P.O. Box 15745-00100  
**NAIROBI, KENYA**

Kenyatta Avenue  
Tel.: +254 777 172, +254 20, 2217210  
Ext 2503/2506/2521  
Email: [cdacc.tvet@gmail.com](mailto:cdacc.tvet@gmail.com)

**APPLICATION FORM FOR REGISTRATION OF ASSESSOR/VERIFIER**

**INSTRUCTIONS TO APPLICANT**

1. Fill this form as required in various sections, attach all required documentation and copies of Craft/Diploma/Degree certificates **DULY CERTIFIED BY A COMMISSIONER OF OATHS**.
2. Scan the attachments together with the filled application form as one pdf file and submit through **cdaccassessorreg@gmail.com**. A passport size photograph of the applicant in JPEG format is to be submitted together with the PDF file. **NOTE THAT ONLY A CONSOLIDATED APPLICATION IN PDF FORMAT WILL BE PROCESSED BY THE COUNCIL.**

<b>TYPE OF APPLICATION</b>	<b>TICK (as applicable)</b> <i>If you have experience of at least three years as a trainer or practitioner, please tick both. Otherwise tick assessor only</i>
1. Assessor Registration	
2. Verifier Registration	

<b>PERSONAL DETAILS</b>		
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	
Special Needs ( <i>Tick as applicable</i> )	Yes	No	<i>If yes, specify</i>	
Physical Address			Postal Address	
Phone:			Mobile:	
e-mail:				
<b>APPLICANT'S QUALIFICATIONS</b> Academic/Professional (Craft/Diploma/Degree) Qualifications Achieved <b>(Please attach copies of certificates certified by Commissioner of Oaths/Judge/Magistrate)</b>				

Have you been trained in competency-based assessment? <b>(If yes please indicate the dates and the venue of the training.)</b>	Yes	No
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<b>APPLICANT'S RELATED WORK EXPERIENCE</b>			
<b>OCCUPATION</b>	<b>JOB TITLE</b>	<b>PERIOD</b>	
		<b>FROM</b>	<b>TO</b>

Provide a brief description of relevant work experience for the Unit(s) of Competency you are applying to be accredited to assess and/verify. **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.**

*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)**

<b>COURSE/QUALIFICATION AND LEVEL e.g. Food Production Level 6</b>	<b>UNIT(S) OF COMPETENCY FOR THE COURSE</b> (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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