



Project Implementation Unit
Ministry of Higher Education Employment and Social Security

TRAINING PROPOSAL

Name of the Programme / Course:

Location

No of Trainees

Commencement Date:

End Date:

Re: Announcement No

Date

1. Introduction

2. Understanding of Technical Vocational Education and Training

3. Past Training Experience (supporting documents are welcome)

4. Proposed Training Methodology - Training Plan and Approach**5. Proposed Trainers (CVs should be enclosed)****6. Existing or proposed links with Potential Employers (provide supporting****7. Proposed Assessment Plan (Pre-Training , during and past evaluation strategy)****8. Contact Person**

Name		Tel No	
Designation		Mobile No	
Signature		Fax Number	
	<i>(Organisation Stamp)</i>	Email:	



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**Tech Form 1 - Technical and Vocational Education and Training (TVET)
Provider Registration Form**

1 Name of TVET Provider:

2 DETAILS

Contact Person:		Telephone:	
Contact Address:		Fax No:	
Registration No		E-mail	

3 TYPE OF TRAINING PROVIDER

Government Institution	<input type="checkbox"/>
Private Instituion	<input type="checkbox"/>
Private Provider (individual)	<input type="checkbox"/>
Employer Based	<input type="checkbox"/>

3 TYPE OF TRAINING PROVIDED

Level	Name of Program	Length of Training	No of Graduates per year

4 TRAINING FACILITIES IF ANY:

Type of Facility (eg. School, workshop,	Capacity	Location

5 NAME OF EMPLOYERS YOU HAVE WORKED WITH OR PLAN TO WORK

6 RELEVANT NUMBER OF STAFF

Full time
Part time

7 TRAINING EXPERIENCE OF STAFF

6 ENTERPRISE EXPERIENCE OF STAFF



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Tech Form 3 - Curriculum Vitae - Experts (Trainers)				
1 PERSONAL DETAILS				
<i>Name:</i>				
<i>Date of Birth</i>				
<i>Nationality:</i>				
2 CONTACT DETAILS				
<i>Address:</i>		<i>Telephone:</i>		
		<i>Fax No:</i>		
		<i>E-mail</i>		
3 EDUCATION (<i>years in which various qualifications were obtained must be stated</i>)				
<i>Qualification</i>	<i>Institution</i>		<i>From</i>	
4 EMPLOYMENT RECORD				
<i>Position held</i>	<i>Employer</i>	<i>From</i>	<i>To</i>	<i>Description of Duties</i>
5 TRAINING EXPERIENCE OVER THE PAST 5 YEARS (<i>supporting documents would carry extra marks</i>)				
<i>Location</i>	<i>Level of Training</i>	<i>Program</i>	<i>Type of Training Provider</i> (<i>Government, private or employer</i>)	
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 Training (With supporting Documents)				
9 Number of Training Programmes coordinated over past five years				

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FIN FORM 1: SUMMARY COST ESTIMATES		
	Per Trainee	Total
	<i>Mrf</i>	<i>Mrf</i>
<i>Program Material Upgrading</i>	-	-
<i>Materials & Supplies</i>	-	-
<i>Training Expenses</i>	-	-
<i>Discount (if any)</i>	-	-
<i>Total</i>	-	-

