



**MINISTRY OF EDUCATION AND SPORTS
DEPARTMENT OF TVET OPERATIONS & MANAGEMENT**

**APPLICATION FORM FOR LICENSING AND REGISTRATION
OF PRIVATE TVET INSTITUTIONS /PROVIDERS
P.O. BOX 7063, KAMPALA, KYADONDO ROAD, LEGACY HOUSE**

This form should be filled in duplicate by the applicant and submitted to TVET O&M Department. All sections of this form are compulsory.

SECTION A

To be completed by the applicant.

NAME OF INSTITUTION/ PROVIDER

.....
...
.....
...

CONTACT ADDRESS OF INSTITUTION/PROVIDER

Physical Location.....
P.O. Box.....
Town/District

County.....	Sub county.....
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Village.....
Tel.....E-Mail.....
Website.....

NAME AND ADDRESS OF PROPRIETOR/PROVIDER

Mr/Mrs/Ms/Dr./Prof/Rev.....

P.O. Box..... Town

Tel.....

Personal E-mail

**NAME AND ADDRESS OF THE HEAD OF TRAINING
INSTITUTION/PROVIDER**

Mr/Mrs/Ms/Dr./Prof/Rev.....

P.O. Box..... Town

Tel.....Fax.....

Personal E-mail

CATEGORY OF THE TRAINING INSTITUTION / PROVIDER

Skills Development Center/Work place

Vocational Training Institute

Technical/Vocational College

Business College

Polytechnic

Technical University

Level of Training offered

Higher Diploma National Diploma National Certificates UCPC Modular



LAND PARTICULARS (*Attach certified photocopies of title deed or lease agreement/Tenancy Agreement*)

Plot Number.....

Total acreage.....

The land is on leasehold or free hold.....

Acreage of total built up area.....

In case of rented premises

Name of Landlord/Land Lady:.....

Address:.....Tel No:.....

Duration of lease & Commencement Date.....
(Attach tenancy Agreement)

BOARD OF DIRECTORS/GOVERNORS/COUNCIL OF THE INSTITUTION (*TICK APPROPRIATELY*)

SN	FULL NAME	CONSTITUENCY	PROFESSION	TELEPHONE	EMAIL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Attach evidence of funding to pay salaries and rent for at least 2yrs and Fees to be charged per trainee per year (Attach Bank Statement)

TRAINING STAFF DETAILS

SN	Name of Trainer	Gender	Professional Qualification (e.g. B.Sc. Mechanical Engineering)	Registration/ Certification Details	Training Experience (years)	Full Time/ Part Time
1						
2						
3						
4						
5						
6						
7						
8						
9						

Attach copies of the following documents for the Proprietor, Principal and each Trainer:

Detailed Curriculum Vitae

*Certified copies of Academic and Professional certificates and
Signed Letter of offer of Appointment.*

PHYSICAL FACILITIES

(a)Administrative Offices

SN	List of Office (s) by Designation	<i>Dimensions in meters</i> <i>e.g. 4.5m X 5m</i>	Key Facilities In The Office (s)

Note: Attach an Inventory of each Office

Classrooms

SN	<i>List and details of classrooms</i>	<i>Dimensions in meters eg. 4.5m X 5m</i>	<i>Basic Facilities in classrooms</i>	<i>Number of students per Classroom</i>

Attach list of facilities and fixtures in the classrooms and layout design

(c) Workshops/ Laboratories
Specifications of available infrastructure and equipment

SN	Name of Workshop/ Laboratories/	Dimensions in meters eg. 4.5m X 5m	Total number of tools and equipment in each workshop

Note: Attach an inventory for each room as well as layout design

**Other Facilities (e.g. toilets, playgrounds, canteens, fire fighting equipment, kitchen,
dormitories etc)**

S.No.	NAME	PURPOSE OF FACILITY	Dimensions in meters e.g. 4.5m X 5m	RESOURCES IN THE ROOM/FIELD

Note: Attach an inventory for each facility

(e) Library
Specifications of available infrastructure and equipment

SN	Name of Library	Dimensions in meters eg. 4.5m X 5m	Total number of Text books for each course

Note: Attach an inventory for the Library as well as layout design

16. OTHER SUPPORTING DOCUMENTS AND REPORTS TO BE ATTACHED

Partnership Deeds/Articles of Association (If it is a joint venture)

Institutions Site/Layout

School Inspector’s report (Detailed)

Health Inspector’s report

Environmental impact Assessment report

Health Inspector’s report

Recommendation letters from 3 referees one of which should be from LC III

LC I chairperson’s letter confirming that the school is within the Locality.

(vii) Previous license if request is for renewal/registration

(viii) Photographs of facilities

SECTION B

17. DECLARATION BY THE PROPRIETOR/PROVIDER

I hereby declare that I have read and understood the TVET private Institution/provider’s guidelines and confirm that the training will be conducted in accordance with the guidelines provided.

I also understand that it is an offence, punishable by law to establish, manage, maintain, or operate a Technical and Vocational Education and Training (TVET) institution contrary to these guidelines.

I also declare that to the best of my knowledge the information provided in this form is true and correct.

Full Name Signature

Date and Stamp

SECTION C

TO BE COMPLETED BY THE RESPONSIBLE OFFICER AT THE MOES HEADQUARTER

18 EVALUATIONS OF APPLICATION DOCUMENTS BY THE RESPONSIBLE OFFICER-TVET

I hereby declare that I have verified the duly filled application form together with all necessary supporting documents.

COMPLY with the guidelines provided.

DO NOT COMPLY with the guidelines provided.

I hereby

Recommend the institution be included in the schedule of assessment, in partial fulfilment for licensing/registration.

Do not recommend the assessment of the institution because of the following reasons

.....
.....
.....

Name

SignatureDate and Stamp.....

Note:

Please note that an inspection fee of 3million Shillings (Three million shillings) per institution will be paid on the UBTEB General Collections A/C 9030005776596 to facilitate the Inspection team.