

COUNCIL FOR TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (COTVET)
TOOLS AND EQUIPMENT APPLICATION FORM (To Be Completed By Master Craft Person)



GENERAL INFORMATION

Surname.....

First Name

Middle Name.....

Gender: (Please Tick) Male () Female: ()

Postal Address:.....

A. City/ Town:.....

B. District:.....Region.....

C. Physical Location:.....

Digital Address (Ghana Post GPS).....

4. Phone No.....

5. Email Address:.....

6. Date of Birth (Day/ Month / Year)/...../.....

7. Trade Area:.....

Workshop Details

8a. Name of Workshop:.....

8b. Date of Establishment (Attach copy of Certificate). Day / Month /Year:.....

8c. Current Number of Apprentices: M:..... F:.....

Please attach list of apprentices in format shown below;

NAME	AGE	FORMAL EDUCATION LEVEL	TRADE AREA	# OF YEARS IN TRAINING

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9. Do you belong to any association? YES () No ()
10. If Yes, state the name of the association.....
11. Do you use your own tools/ equipment to train the apprentice? Yes () No ()
12. Have you benefited from any donor funded project? Yes() No ()
- If yes, please specify the donor.....

DECLARATION:	
BY SIGNING THIS:	
I declare that all information provided in or with this application is true and correct.	
I hereby authorize COTVET to make any inquiries it considers necessary or desirable to assist in the processing of my application.	
Name of Applicant:	
Signature:	

Office Use Only

Reference Number:.....

Application found complete/Incomplete:.....

MMDA/Region:.....

Date:.....

Signature of the Checking Person:.....

General instructions:

Form must be filled in its entirety and copies of relevant documents attached before submission.

Please keep copies submitted documents kept for monitoring and evaluation purposes.