

**MINISTRY OF LABOUR & HUMAN RESOURCE DEVELOPMENT
DIRECTORATE OF INDUSTRIAL TRAINING
APPLICATION FORM FOR APPRENTICESHIP TRAINING
(CRAFT/TECHNICIAN)**

(Section 6 of the Industrial Training Act Cap 237)

(To be completed by an employer before commencement of training and issuance of Contract Forms)

1. PARTICULARS OF THE EMPLOYER

(a) Name of the Employer:

(b) Address:

PostalTel. No.....

Fax. No.....E-mail.....

Physical:

Town.....

Area.....

Street/Road.....Building.....

Floor.....Room.....

(c) DIT Levy Registration No.....

2. DETAILS OF LAST LEVY PAYMENT:

(a) Current Total Number of Permanent employees.....

(b) Current No. of DIT Registered Apprentices:

i. Technician:.....

ii. Craft:.....

Total:.....

(c) Last Levy Payment Cheque No., Date & Amount

(d) Last Levy DIT Receipt No., Date & Amount:

i. Period of Payment:

or

ii. Contract Name and Value

(For Employers registered with DIT in the Building Construction, Civil Engineering, and Allied Industries)

or

iii. Last Quarter's turn over.....

(For Employers registered with DIT in the Saw-milling, Timber, Furniture and Allied Industries)

3. PARTICULARS OF THE RECRUIT(S)

- i. Attach as copies of this Part 4 as necessary if recruits are many.
- ii. Enclose copy of appointment letter for each recruit]

	Name of Apprentice(s)	Course Required (Trade)	No. of skilled Employees in this Trade	Date Employed	Terms of Employment
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

4. PARTICULARS OF THE AUTHORISED OFFICER MAKING THE RECRUITMENT

Name.....Signature

Position in the Company..... Date

Employer’s Official Stamp:

***This Application should be addressed to: The Director, Directorate of Industrial Training, P.O Box 74494, NAIROBI
Email director@ditkenya.org. Fax. No. (020)557827 or (020)553023***