

**DIRECTORATE OF INDUSTRIAL TRAINING
COURSE PROGRAMME FORM
FOR REGISTERED APPRENTICE ATTENDING A COURSE AT DIT APPROVED
INSTITUTION**

Name of the Institution.....

Name of the Employer.....

Name of the Apprentice.....

Contract No.

Course Title.....

Duration (*i.e. No. of Terms*).....Course runs from (*Date*).....month of

20.....To.....Month of 20.....

Date of Admission (*1st reporting*)

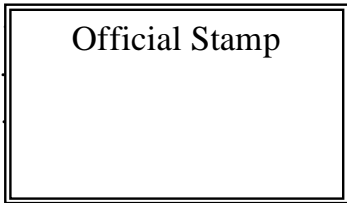
Year	Term	Period	Place (<i>attachment or Institution</i>)
One 20.....	1 st	January to March	
		April	
	2 nd	May to July	
		August	
	3 rd	September to November	
		December	
Two 20.....	1 st	January to March	
		April	
	2 nd	May to July	
		August	
	3 rd	September to November	
		December	
Three 20.....	1 st	January to March	
		April	
	2 nd	May to July	
		August	
	3 rd	September to November	
		December	
Four 20.....	1 st	January to March	
		April	
	2 nd	May to July	
		August	
	3 rd	September to November	
		December	

Name of the person completing the form.....

*Completing the form as.....

Signature.....

Date.....



***Note: This form may be completed by:** i. The Employer or ii. The Training Institution

The purpose of this Form is to help this Directorate to:

- (a) Make follow-up of the trainees progress in either the workplace of training institution.
- (b) Plan for the trainee's requirements in advance.