

**MINISTRY OF LABOUR AND HUMAN RESOURCE DEVELOPMENT
DIRECTORATE OF INDUSTRIAL TRAINING
NATIONAL TRADE TESTING CLAIM FORM**

*This form is to be completed by a Claimant for a
Trade test activity participated in namely Setting/Moderating/Examining/Supervision.*

(a) Fees are paid as follows:

Grade	Setting (Per paper)	Moderation (Per day)	Examining (Per day)	Accommodation For Examiners (Per day)	Supervision (Per Day)
III	1,300.00	850.00	850.00	1,050.00	1,250.00
II	1,475.00				
I	2,120.00				
Note: All payments are in Kenya Shillings.					

b) 1. Name of Claimant

(In Block letters and as is in National Identity Card)

2. Organisation & Address.....

.....

i. Tel. [Landline (if any)] ii. Tel. [Mobile (if any)].....

ii. Fax No. (if any)..... iii. e-mail (if any).....

3. a) Trade: Grade:

4. Activity: a) Set: b) Moderated: c) Examined d) Supervised

5. Number of: i. Candidates tested:

ii. Papers set:

iii. Papers Moderated:

6. The details of the Trade test were as follows:-

a) Daily total number of hours per test:

i Practical

ii Theory)

b) Moderation Dates From To

c) Dates for Practical tests: From To

d) Dates for Theory test: From To

7. Place where test was conducted

8. Declarations:

a) By the Examiner

I hereby certify that:

- a) The practical and theory tests were conducted by me in accordance with the requirements of trade Testing rules.
- b) The statements made above are, to the best of my knowledge, true and correct.

Signature: Date:.....

b) DIT Authorised Officer

I hereby certify that the: * i. Examiner: ii. Moderator iii Setter iv. Supervisor
to the best of my knowledge, worked as *he/she has indicated above.

Name Position.....

Signature..... Date.....

FOR OFFICIAL USE ONLY (DIT):

Application approved for the following payment.

Item		Unit	Quantity	Rate (Ksh.)	Total (Kshs)	Details of the Officer doing Computation:
1.	Setting	(Papers) No.				a) Name:
2.	Moderating	Day				b) Designation:
3.	Examining	Day				
4.	Supervising	Day				c) Signature: Date:
5.	Travelling	Item				
Grand Total						

- a) Recommended by (Name)..... Position.....
Signature..... Date.....
- b) Approved by (Name)..... Position.....
Signature..... Date:.....
- c) Accountant(Remarks)..... Name.....
Signature..... Date.....
- d) Internal Auditor (Remarks)..... Name.....
Signature..... Date.....

* *Delete as applicable*