

(Letter Head of the TVI/Company)

LETTER OF APPLICATION/INTENT

Date

The Provincial Director

Dear Sir/Madam:

We would like to express our intention to apply for program registration for the following qualification(s):

<u>Qualification</u>	<u>Training Duration (No. of Hours)</u>
1.	
2.	
3.	

Enclosed are the required documents.

We hope for your immediate action on this application.

Very truly yours,

Signature over Printed Name
(President/Head TVI/Company)

Attachments: (As indicated in the Program Registration Checklist)

1. Corporate Administrative Documents
2. Curricular Requirements
3. Faculty and Personnel
4. Program Guidelines
5. Support Services

**Program Registration Requirement Checklist
(For Institution-based Programs)**

Name of TVI			
Address			Tel/Fax No.:
Program Applied	Duration: (in hrs.)		
Training Capacity	No. of trainees per batch:		
	No. of batches per year:		
Program Registration Requirements			
	Compliant		Remarks
	Yes	No	
1. CORPORATE AND ADMINISTRATIVE DOCUMENTS			
a) Letter of Application/Intent (TESDA-OP-CO-F03)			
b) Board Resolution/Academic Council Resolution to offer the program signed by the Board Secretary and attested by the Chairperson (SUCs, LCUs, and private institutions) Board Resolution/Academic Council Resolution must specifically cover the training delivery site)			
c) Special law creating the institution (for public institution) e.g. Republic Act, Executive Order, Sanggunian Resolutions)			
d) Securities and Exchange Commission (SEC) Registration for <i>private institutions</i>			
e) Articles of Incorporation (indicate main address)			
f) Proof of building Ownership or contract of lease (covering at least two years) upon application for new program. For succeeding application a valid contract of lease			
g) Current Fire Safety Certificate (training site)			
h) For Institutions that will branch out			

Name of TVI			
Address			Tel/Fax No.:
Program Applied	Duration: (in hrs.)		
Training Capacity	No. of trainees per batch:		
	No. of batches per year:		
Program Registration Requirements			
	Compliant		Remarks
The Articles of Incorporation & Bylaws must state reasons for opening of the branch. The Articles of Incorporation signed by majority of the Incorporators must be notarized and received by SEC			
2. CURRICULAR REQUIREMENTS			
a) Competency-based Curriculum (TESDA-OP-CO-01-F11) indicating the qualification being addressed and the competencies to be developed a.1 Course Design a.2 Modules of Instruction			
b) List of Equipment (TESDA-OP-CO-01-F13), Tools (TESDA-OP-CO-01-F14) and Consumables/Materials (TESDA-OP-CO-01-F15) necessary to deliver the program			
c) List of instructional materials (TESDA-OP-CO-01-F16) (such as reference materials, slides, video tapes, internet access and library resource necessary to deliver the program			
d) List of Physical Facilities (TESDA-OP-CO-01-F17) and List of Off-Campus Physical Facilities (TESDA-OP-CO-01-F18)			
e) Shop layout of training facilities indicating the floor area			
f) Institutional Assessment Note: Actual Assessment Tools should be shown during inspection			
3. FACULTY AND PERSONNEL			
a) List of Officials (TESDA-OP-CO-01-F19)			

Name of TVI			
Address	Tel/Fax No.:		
Program Applied	Duration: (in hrs.)		
Training Capacity	No. of trainees per batch:		
	No. of batches per year:		
Program Registration Requirements			
	Compliant		Remarks
b) List of Trainers (TESDA-OP-CO-01-F20) with their qualifications, areas of expertise, and courses/seminars attended with supporting evidence available, such as relevant NTTC/trainer qualification certificates and certification of employment. For NTR programs, copy of Training Certificate on Trainers Methodology I or other Trainer Methodology Certificates, and evidence of specialization of the trainer of the program. A certified true copy of notarized contract of employment by the applicant TVI is required.			
c) List of Non-Teaching Staff (TESDA-OP-CO-01-F21) with their qualifications with supporting evidences available, such as copies of certificates/contracts of employment, etc.			
4. PROGRAM GUIDELINES			
a) Program fees, with breakdown of tuition and other fees and schedule of fee payment duly signed by the school head indicating the effectivity of school year			
b) Documented grading system, details of which are provided to students/trainees at the start of their program			
c) Entry requirements for the program comply with the relevant training regulations if applicable			

Name of TVI			
Address			Tel/Fax No.:
Program Applied	Duration: (in hrs.)		
Training Capacity	No. of trainees per batch:		
	No. of batches per year:		
Program Registration Requirements			
	Compliant		Remarks
d) Rules on attendance			
5. SUPPORT SERVICES			
a) Health services are available to the students/trainees. If these services are contracted out or out-sourced, the contract or MOA or similar documents must be submitted.			
b) Job Linkaging and Networking Services (JLNS) which include Career Services and Employment Facilitation available to students/trainees/TVET graduates (reference: Section IV, letter A – Delivery Platforms of JLNS Nos. 1-4 of the TESDA Circular No. 38, series of 2016)			
c) Community outreach program – optional			
d) Research program, activities that will support continuing development of the program of the school – optional			
6. Additional Requirements for DTS/DTP Applicants			
a) Application Letter of the TVI and the Establishment			
b) Accomplished Application form for TVI and for Establishment			
c) Photocopy of TVI's CTPR			
d) Photocopy of Establishment SEC Registration			
e) Memorandum of Agreement with partner Establishment/s			
f) Training Plan (DTS Form 5)			
g) Certification issued by the TVI designating the Industrial Coordinator			

Name of TVI			
Address			Tel/Fax No.:
Program Applied	Duration: (in hrs.)		
Training Capacity	No. of trainees per batch:		
	No. of batches per year:		
Program Registration Requirements			
	Compliant		Remarks
h) Certification issued by the company designating the In-plant Trainer			
Forms – refer to TESDA Circular No. 31 Series 2012 - Guidelines in Implementing the Dual Training System (DTS) Programs and Dualized Training Programs (DTP)			
7. Requirements for Mobile Training Application			
a) Copy of CTPR of the registered institution-based program			
b) Copy of the approved program registration documents			
c) LTO Registration of the prime mover of the MBC (for delivered in a self contained van)			
d) Design/lay-out of the MBC			
Reference: TESDA Circular No. 27 Series of 2009 Operational Polices in the Registration of Mobile Training Classrooms, Park and Training Programs (MBC-MTP) and TESDA Order 28 Series in 2012 – Addendum and Amendments to the Guidelines and Registration of Mobile Training Program (MTP)			
(Note: Erasure is not allowed on the submitted checklist of requirements)			
General Comments/Remarks:			
Prepared by:		Noted by:	
PO UTPRAS Focal Person		Provincial Director	
Date:		Date:	

Program Registration Requirement Checklist
(Company/Enterprise-based Programs)

Name of Company			
Address			Tel/Fax No.:
Program Applied			Duration: (in hrs.)
Training Capacity	No. of Trainees per batch:		
	No. of Batches per year:		
Program Registration Requirements			
Program Registration Requirements	Compliant		Remarks
	Yes	No	
1. CORPORATE AND ADMINISTRATIVE DOCUMENTS			
a) Letter of Application/Intent (TESDA-OP-CO-F01)			
b) Securities and Exchange Commission (SEC) Registration for Corporation. For sole proprietorship, a DTI Registration is required.			
c) Proof of building ownership or contract of lease (covering at least two years) upon application for new program. For succeeding application a valid contract of lease)			
d) Current Fire Safety Certificate (training site)			
2. CURRICULAR REQUIREMENTS			
a) Competency-based Curriculum (TESDA-OP- CO-01-F08) indicating the qualification being addressed and the competencies to be developed a.1 Course Design a.2 Modules of Instruction			
b) List of Equipment (TESDA-OP-CO-01-F13), Tools (TESDA-OP-CO-01-F14), and Consumables (TESDA-OP-CO-01-F15) necessary to deliver the program			

Name of Company			
Address			Tel/Fax No.:
Program Applied	Duration: (in hrs.)		
Training Capacity	No. of Trainees per batch:		
	No. of Batches per year:		
Program Registration Requirements			
Program Registration Requirements	Compliant		Remarks
c) List of Physical Facilities (TESDA-OP-CO-01-F17) and List of Off-Campus Physical Facilities (TESDA-OP-CO-01-F18) indicating floor area			
d) Shop layout of training facilities indicating the floor area			
3. Trainer/HRD Personnel			
a) List of Trainers (TESDA-OP-CO-01-F20) with their qualifications, areas of expertise, and courses/seminars attended with supporting evidence available, such as relevant NTTC/trainer qualification certificates and certification of employment.)			

(Note: Erasure is not allowed on the submitted checklist of requirements)

General Comments/Remarks:	
Prepared by:	Noted by:
PO UTPRAS Focal Person	Provincial Director
Date:	Date:

COMPETENCY-BASED CURRICULUM

A. Course Design

Course Title: _____
 Nominal Duration: _____
 Qualification Level: _____
 Course Description: _____

Trainee Entry Requirements: _____

Course Structure

Basic Competencies
No. of Hours: (_____)

Unit of Competency	Module Title	Learning Outcomes	Nominal Duration

Common Competencies
No. of Hours: (_____)

Unit of Competency	Module Title	Learning Outcomes	Nominal Duration

Core Competencies
No. of Hours:(_____)

Unit of Competency	Module Title	Learning Outcomes	Nominal Duration

Elective Competencies (if any)
No. of Hours: (_____)

Unit of Competency	Module Title	Learning Outcomes	Nominal Duration

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Assessment Methods: _____

Course Delivery: _____

Resources:

(List of recommended tools, equipment and materials for the training of
 (no. of trainees) trainees for (title of program/qualification).

Qty.	Tools	Qty.	Equipment	Qty.	Materials

Facilities: _____

Qualification of
 Instructors/Trainers: _____

B. Modules of Instruction

Basic Competencies : _____

Unit of Competency : _____

Modules Title: _____

Module Descriptor: _____

Nominal Duration: _____

Summary of Learning Outcomes:

LO1. _____

LO2. _____

LO3. _____

Details of Learning Outcomes:

LO1 . _____

Assessment Criteria	Contents	Conditions	Methodologies	Assessment Methods

LO2 . _____

Assessment Criteria	Contents	Conditions	Methodologies	Assessment Methods

LO3 . _____

Assessment Criteria	Contents	Conditions	Methodologies	Assessment Methods

(Note: Copy format for modules of instructions for Common and Core Competencies)

LIST OF EQUIPMENT
(As listed in the respective TR)

Program:

Name of Institution/Company:

Name of Equipment (1)	Specification (2)	Quantity Required (3)	Quantity on Site (4)	Difference (5)	Inspector's Remarks (6)

Note: Columns 1-4 to be filled out by Institution/Company; Columns 5-6 to be filled out by PO/Expert
Continue in additional sheet

Submitted by: TVI/Company Representative Date:		Attested by: TVI/Company Head Date:	
Inspected by: PO UTPRAS Focal Person Date:		Expert Date:	

LIST OF TOOLS
 (As listed in the respective TR)

Program:
 Name of TVI/Company:

Name of Tools (1)	Specification (2)	Quantity Required (3)	Quantity on Site (4)	Difference (5)	Inspector's Remarks (6)

Note: Columns 1-4 to be filled out by Institution/Company; Columns 5-6 to be filled out by PO/Expert
 Continue in additional sheet

Submitted by: <div style="text-align: right; margin-right: 50px;"> TVI/Company Representative Date: </div>	Attested by: <div style="text-align: right; margin-right: 50px;"> TVI/Company Head Date: </div>
Inspected by: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PO UTPRAS Focal Person Date: </div> <div style="width: 45%;"> Expert Date: </div> </div>	

LIST OF CONSUMABLES/MATERIALS
(As listed in the respective TR)

Program:
Name of TVI/Company:

List of Consumables/ Materials (1)	Specification (2)	Quantity Required (3)	Quantity on Site (4)	Difference (5)	Inspectors Remarks (6)

Note: Columns 1-4 to be filled out by Institution; Columns 5-6 to be filled out by PO/Expert
Continue in additional sheet

Submitted by: TVI/Company Representative Date:	Attested by: TVI/Company Head Date:
Inspected by: PO UTPRAS Focal Person Date:	Expert Date:

LIST OF INSTRUCTIONAL MATERIALS/LIBRARY HOLDINGS

Program:
Name of TVI:

Title	Classification*	Date of Publication	No. of Copies (where applicable)	Inspector's Remarks

Note *Classify whether journal, book, magazine, electronic materials available on electronic media or in the internet, etc.
Columns 1-4 to be filled out by Institution/Company; Column 5 to be filled out by PO/Expert
Continue in additional sheet

Submitted by: TVI Representative Date:		Attested by: TVI Head Date:			
Inspected by: PO UTPRAS Focal Person Date:				Expert Date:	

LIST OF PHYSICAL FACILITIES
(As listed in the respective TR)

Program:
Name of TVI/Company:

Facility	Description	Quantity	Inspector's Remarks

Note: Columns 1-3 to be filled out by Institution/Company; Column 4 to be filled out by PO/Expert
Continue in additional sheet

Submitted by: TVI/company Representative Date:	Attested by: TVI/Company Head Date:
Inspected by: PO UTPRAS Focal Person Date:	Expert Date:

LIST OF OFF-CAMPUS PHYSICAL FACILITIES

Program:

Name of TVI/Company:

Facility	Description	Quantity	Inspector's Remarks

Note: Columns 1-4 to be filled out by Institution/Company
Continue in additional sheet

Submitted by: TVI/Company Representative Date:		Attested by: TVI/Company Head Date:	
Inspected by: PO UTPRAS Focal Person Date:		Expert Date:	

LIST OF OFFICIALS

Program:
 Name of Institution:

		Contact Details				
Name	Position	(Address)	Contact No.	Email Address	Nature of Appointment	Educational Attainment

Note: Columns 1-5 to be filled out by Institution
 Continue in additional sheet

Submitted by: TVI Representative Date:	Attested by: TVI Head Date:
Inspected by: PO UTPRAS Focal Person Date:	Expert Date:

LIST OF TRAINERS

Program:
Name of Institution/Company:

Name	Position	Nature of Appointment	Educational Attainment	No. of Years of Teaching Experience	No. of Years of Industry Experience Relevant to the Qualification (with Certificate of Employment), if applicable	Trainer's Qualification	
						NTTC* Number	Validity

Note: For NTR Title of Trainers Training or other licenses/certificates
Columns 1-8 to be filled out by Institution/Company
Continue in additional sheet

Submitted by: TVI/Company Representative Date:	Attested by: TVI/Head Representative Date:
Inspected by: PO UTPRAS Focal Person Date:	Expert Date:

LIST OF NON-TEACHING STAFF

Program:
Name of Institution:

Name	Position	Nature of Appointment	Educational Attainment	Experience Related to Position

Note: Columns 1-5 to be filled out by Institution
Continue in additional sheet

Submitted by: TVI Representative Date:	Attested by: TVI Head Date:
Inspected by: PO UTPRAS Focal Person Date:	Expert Date: