**TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET) COUNCIL**



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**TRAINING PERFORMANCE REPORT**

In accordance with sections 16 and 25 of the Technical and Vocational Education and Training Council Act, 1993, this form shall be submitted on a quarterly basis by all employers, training institutions or associations. **Please note that Contract disbursements will only be made on the submission of this form.**

Name of Association, Training Institution or Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Number of Contract: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commencement:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion of Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quarter Covered: ⬜April -June ⬜ July - Sept ⬜ Oct – Dec ⬜ Jan – March

1. Name of Course:: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Budget Status:

|  |  |  |
| --- | --- | --- |
| **Budget Category** | **Total Projected Expenditure To Date** | **Total Actual Expenditure To Date** |
| Tuition (Per Hour/Trainee) |  |  |
| Exams/Assessments |  |  |
| **TOTAL** |  |  |

**Copies of all relevant receipts are to be attached.**

1. **Training Provided:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category of Trainee** | **Number Projected to be Trained by this Date** | **Actual Number Trained to Date** | **Hours of****Training Projected** | **Hours of****Training utilised** |
| Full Time Employee  |  |  |  |  |
| Seasonal Employees |  |  |
| Part-Time Employee |  |  |
| Skills Upgrade |  |  |
| Initial Skills Acquisition |  |  |
| Age under 25:FemaleMale |  |  |
| Age 25-40:FemaleMale |  |  |
| Age 41-55:FemaleMale |  |  |
| Age over 55:FemaleMale |  |  |
| Total Female |  |  |
| Total Male |  |  |
| Able-bodied: FemaleMale |  |  |  |  |
| Differently Able: FemaleMale |  |  |

**Please attach the original signed attendance sheets to this document.**

1. **Competences Gained:**

 List the skills needed and skills gained by each trainee at the time of this Report.

 Use as many sheets as necessary to provide this information for all trainees.

|  |  |  |
| --- | --- | --- |
| **Name of Trainee** | **Skills/ Competence Gained** | **Certification Gained (If Any)** |
|  |  |  |
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|  |  |  |

1. **Evaluation:**
	1. The Total Actual Expenditure to date was $ …………………………………………..
	2. The Total Contract amount was $.....................
	3. Total number of persons trained: …………………….
	4. Description of the benefits which have accrued to the employer as a result of training:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

* 1. Description of the benefit(s)of this training to the trainees and/or employees:

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