

TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET) COUNCIL

Hastings House West, Balmoral Gap, Hastings, Christ Church, BB14033

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Telephone: (246) 435-3096 Fax: (246) 429-2060

Name of Association, Training Institution or Employer:

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.

Tel. No.:	Fax No.:				
Contact Person:	E-mail:	E-mail:			
Registration Number of Contr	ract: Date	Date Submitted: Completion of Training:			
Commencement:	Completion of Training				
Quarter Covered: April	-June	☐ July - Sept ☐ Oct – Dec ☐ Jan – March			
1. Name of Course::					
2. Budget Status:					
Budget Category	Total Projected Expenditure To Date	Total Actual Expenditure To Date			
Tuition (Per Hour/Trainee)					
Training Materials (Books, Manuals, CDs, DVDs, Manuals and Stationery)					
Training Equipment					
Exams/Assessment, Certificates, Trainer's Report, Assessor fees, Assessment center Coordinator fee, internal Verifier fees and Rental of Venue					
TOTAL					
Copies of all relevant receip	ts are to be attached.	ı			

3. 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				
Part-Time Employee				
Skills Upgrade				
Initial Skills Acquisition				
Age under 25:				
Female Male				
Age 25-40:				
Female Male				
Age 41-55:				
Female Male				
Age over 55:				
Female Male				
Total Male				
Total Female				
Able-bodied: Female Male				
Differently Able:				
Female Male				

Please attach the original signed attendance sheets to this document.

4. 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)

5.	Evaluation:				
	a.	The Total Actual Expenditure to date was \$			
	b.	The Total Contract amount was \$			
	c.	Total number of persons trained:			
	d.	Description of the benefits which have accrued to the employer as a result of			
		training:			
	e.	Description of the benefit(s)of this training to the trainees and/or employees:			