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| TVETC LOGO_Redraw2012(no arch)-01(FINAL).jpg  **TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING (TVET) COUNCIL**  Hastings House West, Balmoral Gap, Hastings, Christ Church  Telephone. No: (246) 435-3096 Fax No: (246) 429-2060  E-mail: [office@tvetcouncil.com.bb](mailto:office@tvetcouncil.com.bb) Website: [www.tvetcouncil.com.bb](http://www.tvetcouncil.com.bb) | | | | | | | | | | | | | | | | | |
| **PRIOR LEARNING ASSESSMENT RECOGNITION (PLAR) APPLICATION** | | | | | | | | | | | | | | | | | |
| **PLAR Application Procedure**  **All applicants are required to complete the sections below and submit the application form to the TVET Council along with full payment of the application fee of BDS$75.00. PLAR fees are non-transferable and non-refundable.** | | | | | | | | | | | | | | | | | |
| **SECTION A: GENERAL INFORMATION** | | | | | | | | | | | | | | | | | |
| **Personal Information** | | | | | | | | | | | | | | | | | |
| **First Name** |  | | | | **Last Name** | |  | | | | | | | | | | |
| **Mailing Address** |  | | | | | | | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | |
| **Telephone #** | **Home** | |  | | **Work** |  | | | | | **Mobile** | | |  | | | |
| **Email Address** |  | | | | | | | | | | | | | | | | |
| **Employment Information (please tick** IMG_256**)** | | | | | | | | | | | | | | | | | |
| **Status** | **Employed** | | |  | **Self-Employed** | | |  | | | **Unemployed** | | | | | |  |
| **Occupation** |  | | | | | | | | | **Years of Experience** | | | | |  | | |
| **Qualifications** |  | | | | | | | | | | | | | | | | |
| **Job Experience** |  | | | | | | | | | | | | | | | | |
| **SECTION B: BACKGROUND INFORMATION (please tick** IMG_256**)** | | | | | | | | | | | | | | | | | |
| **Are you currently employed in the occupational area?** | | | | | | | | | | | | | **YES** | | | | **NO** |
| **Have you been working in the occupational area within the last 3 years?** | | | | | | | | | | | | | **YES** | | | | **NO** |
| **Do you have any certification in the area?** | | | | | | | | | | | | | **YES** | | | | **NO** |
| **Have you engaged in training within the last 3 years?** | | | | | | | | | | | | | **YES** | | | | **NO** |
| **Did the training occur on the job ?** | | | | | | | | | | | | | **YES** | | | | **NO** |
| **Was the training conducted within a training institution?** | | | | | | | | | | | | | **YES** | | | | **NO** |
| **Do you have any proof of training participation?** | | | | | | | | | | | | | **YES** | | | | **NO** |
| **SECTION C: SELF-ASSESSMENT** | | | | | | | | | | | | | | | | | |
| **Complete this section using the Occupational Standard of Competence for the qualification you are seeking to acquire e.g. *NVQ Accounting Level 3*. This document can be downloaded from the TVET Council’s website. Insert the CODE and unit description for the MANDATORY units listed in the standard. Indicate if you have evidence for each unit by clearly writing “YES” or “NO” in the Evidence column.** | | | | | | | | | | | | | | | | | |
| **Qualification Title** | |  | | | | | | | | | | | | | | | |
| **Qualification Level** | |  | | | | | | | | | | | | | | | |
| **Code** | | **Unit Title** | | | | | | | | | | | | | | **Evidence (YES/NO)** | |
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| **Applicant signature** | |  | | | | | | | **Date** | | |  | | | | | |
| **OFFICIAL USE ONLY** | | | | | | | | | | | | | | | | | |
| **Received by** | |  | | | | | | | **Date** | | |  | | | | | |
| **Receipt Number** | |  | | | | | | | **Date** | | |  | | | | | |