NATIONAL APPRENTICE AND INDUSTRIAL TRAINING AUTHORITY

WORK SITE FORM (ON-THE-JOB TRAINING)

Date:

Assistant Director,
On the Job Training Section
National Apprentice and Industrial Training Authority,
No. 971, Sri Jayawardanapura Mw.,
Welikada,
Rajagiriya

PARTICULARS OF WORK SITE/LOCATION/RESIDENTAL ADDRESS DURING ON –THE-JOB TRAINING

This form should be completed and returned to NAITA on the commencement of the On-The-Job Training. When any changes occur in these particulars during training, it should be notified within one week from commencement of such changes.

NAITA allocated Training Establishment :……...……...

Name of Apprentice :……..……...

Apprentice contact No :……..……...

Residential Address :…….……...
(During Apprenticeship) …….……...

Address of work site and :……...
Name of the Establishment ……...

District of Worksite :……...
Designation /Name/Phone No of the Officer in-charge of training :……...

Signature of the officer in charge of Training :……...

Date of commencement of Training :……...

Category of Apprentice :National Vocational Qualification (NVQ) Level ……..……..

Field of Study (Trade Name) :……...

I agree to bring the completed Daily Diary to the training place every day.

Institute: Sri Lanka Vocational Training Authority/National Youth Service Council/Department of Technical Education and Training, ……/ ...……..……..…

…….…….….

…….…….….
(Address of the Institute)

Signature of the Apprentice :……