

REPUBLIC OF BOTSWANA



MADIRELO TRAINING & TESTING CENTRE

Ministry of Labour and Home Affairs Directorate of Apprenticeship and Industrial Training Private Bag 00267

Gaborone, Botswana, Plot 18006, Machel Drive

Waiter (WT); Welding & Fabricating (WF).

Tel: 3609100 Fax: 3956314 Email: mttc@gov.bw

APPLICATION FOR APPRENTICESHIP TRAINING

You must make your application for apprenticeship training on this form. Please read these notes carefully before you complete Requirements for apprenticeship training Education: BGCSE/equivalent, Junior certificate or standard 7 with a trade certificate or equivalent. In each case, a good knowledge of English is also required. Examination: Medical test. Age: The minimum age for Apprenticeship is sixteen. Sponsoring company: On-job training apprenticeable vocation Duration of apprenticeship: Three to four years, depending on the vocation followed. Send your completed application form to the Director (address on top of form); attach certified copies of OMANG and CERTIFICATES, three copies of the contract of apprenticeship the yellow copy of the medical certificate, form MTTC 3-4-12/87. (Please complete in block letters or use a typewriter) 1. Surname: First Name: Middle Name: 2. Date of Birth: Day: Month: Year: 3. Sex (tick one box): Male: Female: 4. Nationality: (attach certified copy of OMANG/PASSPORT) 5. Academic qualifications: 6. Trade qualifications: 7. Postal Address: Email: 8. Vocation/occupation to be tested: Vocations/Trades: You can apply for testing in any one of these vocations/trades: Auto Mechanics (AM); Auto Electric (AE); Architectural Draughting (AD); Bricklaying &f Plastering (BP); Borehole Mechanic (BM); Carpentry & Joinery (CJ); Cabinet Making (CM); Chef (CF); Dressmaking (DM); Electrical (EL); Heavy Plant Mechanic (HPM); Instrumentation Mechanic (IM); Maintenance Fitting (MF); Machine Fitting (FM); Panel Beating & Spray Painting (PBSP); Painting & Decorating (PD); Pipe Fitting (PF); Plumbing (PL); Power Plant Operator (PPO); Refrigeration & Air Conditioning Mechanic (RAM);

TEL: 3956318/3609100 FAX: 3956314/3904610 E-mail: mttc@gov.bw

9. Are you already employed?: (tick box	x)	Yes:	No:	
(If you are employed, complete sect	ions 11 and 12)			
10. Is it possible to sign a contract of ap	prenticeship?	Yes:	No:	
(If "yes," complete section 11)				
11. Employer/Sponsoring company				
Postal address:				
Physical address:				
Contact person:				Tel no:
Contact's signature:		Date:		
12. Employer's signature: Date:				Office/Company
13. Signature of applicant:			Date:	Stamp
(If you are under the age of eighteen ye	ears, complete sec	ction 14)		
14. Parent/guardian name:				
Parent/guardian address:				
			Tele	phone no:
Signature of parent/guardian:			Date:	
Send your completed application to: The Director of Apprentices	hip and Industria	al Training (ADDI	RESS ON FRONT SIDE (OF FORM)
(Remember to attach THREE complete	d contract forms,	medical certificate	and certified copies of Oma	ng & certificates)
Approved/Not approved				
		→ FOR C	OFFICIAL USE ONLY	•
For Director of Apprenticeship and Industrial Training		Computer registre	ation number:	
		Date of registration	on:	