



DIRECTORATE OF INDUSTRIAL TRAINING
ASSESSMENT AND CERTIFICATION DEPARTMENT
MINISTRY OF EDUCATION AND SPORTS
PLOT 97/99 JINJA ROAD/CORNER 3RD STREET INDUSTRIAL AREA
P.O BOX 20050, KAMPALA; TEL 0414259412/0414251256
Website: www.dituganda.org Email address: info@dituganda.org



Serial No.....

APPLICATION FORM FOR ACCREDITATION
OF AN ASSESSMENT CENTRE

(Issued Under Section 14 Subsection (e) of the BTVET Act, 2008)

Received by DIT

Name of Officer.....

Date:

.....

Date and Stamp.....

(Applicant)

District:

Region:

Application fee UGX 50,000/=

1. Particulars of establishment of the Institution/Organisation:

a) Name:

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b) Postal Address and Phone contact / E-mail

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c) Physical location:

- (i) Village:
- (ii) Parish:
- (iii) Division or Sub-County:
- (iv) County:
- (v) District:
- (vi) Nearest town / Trading Centre:
- (vii) Distance in km from Town / Centre:
- (viii) Availability of Sign Post:

d) Sketch of locality to Spot of Establishment

e) Nature of activity (Business /Training / Others specify)

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f) Details of Director / Proprietors / founders and Contacts

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g) Name of Head Teacher / Principal

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Telephone:

E-mail Address:

2. Draw your Organisational Chart below;

	General Safety & Healthy Requirements				
	Equipped First Aid Box / Clinic in place				
	Firefighting Equipment				
	Observation of Health & Safety of Workers				
	Observance of proper Solid Waste Disposal				

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Head of Institution / Principal / Manager

Telephone contact

Signature:

Date & Stamp