INDUSTRIAL TRAINING FUND

STUDENTS COMMENCEMENT ATTACHMENT FORM (SCAF)

From (Name of Org.) : …………………………………………………………………

To: ITF ……………………………………….. Area Office

Address: …………………………………………………………………………………

S/n	Name of student	Name of Institution	Matric. No.	Course of study and year/level	Period of attachment in months	Date of commencement	Date of completion	Remarks

This form is to be completed and sent to the nearest ITF Area Office.

Stamp and Signature of Employer:……………………………………………………………..

Date:……………………………………

INDUSTRIAL TRAINING FUND
MIANGO ROAD, P.M.B. 2199, JOS.

STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME
END OF PROGRAMME REPORT SHEET.

PART A: (To be completed by the Student)

1.	(a)	Name in Full: ……………………………………………………………………………
	(b)	Registration/Matriculation Number: ……………………………………………………
	(c)	Course of Study: …………………………………… (d) Year of Study…………………..
	(e)	Name of Institutions: …………………………………………………………………….

2.	(a)	Name and Address of the Establishment of Attachment:…………………………………
		…………………………………………………………………………………………......…
	(b)	The Department/Section: ……………………………………………………………………
	(c)	Period of Attachment:	From: ……………….	To: …………………
		Number of Weeks: …………………………………………………
		Total Allowance received by student:	₦ …………………………………………… …………….K

3.	Brief outline of experience/relevance of training provided: ……………………………………….
	……
	……
	……
	……

4.	(a)	Where were you attached last? (If applicable): ……………………………………………..
		…………………………………………………………………………………………………
	(b)	Total number of weeks engaged in industrial attachment: ……………………………………

		Signature of Student: ……………………..……………	Date: ……………………………

PART B: (To be completed by the Employer)

	Do you agree with the Student's comments in items 3&4 in Part A? Yes/No
	If so please comment: ………………………………………………………………………………..
	………………………………………………………………………………………………………...
	State total amount paid to student as ITF allowance ₦ ……………………………………… …………….K
	In words: (……………………………………………………………………………………………….)

5.	Please assess the student's overall performance by ticking the appropriate box as provided:

	VERY GOOD ☐	GOOD ☐	SATISFACTORY ☐	POOR ☐

6.	Will you accept the student in any future attachment: Yes/No
	If no, please comment: ……………………………………………………..……………………………
	……

7.	Is your Company/Establishment in a position to offer this student a job in future?
	……

8.	Name of Reporting Officer: ……………………………………………………………………………
	Designation/Rank: ……………………………………………………………………………………

	Signature/Stamp: …………………………………………	Date:……………………………………
	N.B.	Forms duly completed by employers should be forwarded to/collected by the respective
		institutions under seal:

PART C: (To be completed by the Institution)

9.	Indicate number of visits: ……………………………………………………………………………...

10.	Give your assessment of facilities provided by Company during visits by ticking:

	Standard ☐	Adequate ☐	Relevant ☐	Not Relevant ☐

11.	Give your impression of the student's involvement in training: FULLY/PARTIALLY
	……
	……
	……

12.	Assessment of student's Performance (Grading "A, B, C or D" has to be stated
	……
	……
	……

	Full Name of Supervisor: …………………………………………….	Status: …………………………..
	Department/Discipline: ………………………………………………………………………..……...
	Signature/Stamp: …………………………………………………	Date: ………………………….
	N.B. This form is to be returned to the ITF on completion by the respective institutions under seal.