

Dear Respondent,

Please fill this form with information regarding your profile

Be assured that your information will be kept confidential and will

solely be used for trainers’ profile information gathering.

1. Trainer Identification

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Family Name: | | |
|  | | |
| **Date Filled-up** |  | | |
| **Sex** | √🗆 Female 🗆Male | | |
| **Civil Status** | 🗆Single √🗆 Married 🗆Divorced 🗆Widow/Widower | | |
| **Date of Birth** |  | **Age** |  |
| **Telephone No** |  | | |
| **Email- Address** |  | | |
| **ID No or Passport** |  | | |

1. Trainer Qualifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Qualification** | **Program/Field of specialisation** | **Awarding institution** | **Date of graduation/completion** | **Evidence attached (Yes or No)** |
| **A3** |  |  |  |  |
| **A2** | Mathematics, Biology and Chemistry |  |  |  |
| **A1** |  |  |  |  |
| **A0** | Food Science and Technology |  |  |  |
| **Master** | Food Technology |  |  |  |
| **PHD** |  |  |  |  |
| **Others (Specify)**  **……………….** |  |  |  |  |

1. Work Experience (From Recent to Past)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution** | **Position Title** | **Status (Permanent / Contractual /**  **Part-Time)** | **Duration/ Period**  **(From … To...)**  **mm/yy** | **Core Responsibility** |
|
|  |  |  |  |  |
|  |  |  |  |  |

1. **Teaching Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sector/Department** | **Trade(s)/ Option** | **Level**  **(Class)** | **Type of competences (SPECIFIC, GENERAL, COMPLEMENTARY)** |
|  |  |  |  |

1. **Acquired trainings**

F.1 Pedagogical Training

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type Of Pedagogical Training  (General Pedagogy, CBT/CBA, Others: Pls Specify) | Brief Description | Provider | Duration/Period (From ...To...)  mm/yy |  | Evidence attached  (Yes or No) |
|  |  |  |  |  |  |

F2: Technical Training/Upgrading

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Training (Specific Trade)** | **Providing Institution** | **Status**  (Certified/ Not Certified) | **Duration/Period** | **Evidence attached**  (Yes or No) |
|  |  |  |  |  |
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|  |  |  |  |  |

F.3 Training in Cross Cutting Modules (ICT, English, Entrepreneurship and others)

|  |  |  |  |
| --- | --- | --- | --- |
| **Module Title** | **Period and Place** | **Status**  **(Certified/ Not Certified)** | **Providing Institution** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

F.4 Assessor training

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Programme Title | Providing institution | Duration/ Period  (From ...To...) | Status  (Initial Training/  In-Progress/ Certified)\* | **Field of Expertise** | | **Evidence**  **(Yes/No)** |
| **Sector** | **Trade(s)/ Option** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

F.5 Industrial Experience or Industrial Attachment Program (From Recent to Past)

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name & Address** | **Date**  (From ...To...) and place | **No. of days** | **Evidence attached**  (Yes or No) |
|  |  |  |  |

**G. Rate of Language Proficiency:**

Poor (**1**) Fair (**2**) Good (**3**) Very Good (**4**) Excellent (**5**)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Language** | **Reading** | **Speaking** | **Writing** | **Listening** |
| English | Excellent | Very good | Very good | Very good |
| French | Good | Good | Good | Good |
| Kinyarwanda | Excellent | Excellent | Excellent | Excellent |

**I. Computer Skills (please tick (🗸) where appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Computer Skills** | **Poor** | **Good** | **Very Good** |
| Ms Word |  |  |  |
| Ms Excel |  |  |  |
| Ms Power Point |  |  |  |
| Internet |  |  |  |

**H. Medical History**

|  |  |
| --- | --- |
| Allergies | - |
| Last time Hospitalized | - |
| Last time sick and cause | - |
| Medical History background |  |
| Disability(ies) /Special Need(s) | - |
| Is there any medical information/Diet prescribed by a doctor that the facilitator / trainer should know about? | None |

| **Confirmation**  I certify that the information given above is correct. | | |
| --- | --- | --- |
| **Name of Trainer** | **Signature** | **Date** |
|  |  |  |
| **Principal** | **Signature** | **Date** |
|  |  |  |

| **Verification** | | |
| --- | --- | --- |
| **Verifier (Names and position)** | **Signature** | **Date** |
|  |  |  |