



TECHNICAL EDUCATION AND SKILLS DEVELOPMENT AUTHORITY

Pangasiwaan sa Edukasyong Teknikal at Pagpapaunlad ng Kasanayan

APPLICATION FORM

REFERENCE NUMBER :																			
	Qual - alpha code	YY	Region	Province	Number Series Assigned to AC					Number Series									

UNIQUE LEARNERS IDENTIFIER (ULI):

				-				-											
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to be filled – out by the Processing Officer

PICTURE

colored,
passport size,

Applicant's Signature

Date of Application

Name of School/Training Center/Company:

Address:

Title of Assessment applied for:

☐ Full Qualification

☐ COC

☐ Renewal

1. Client Type

☐ TVET Graduating Student ☐ TVET graduate ☐ Industry worker ☐ K-12 ☐ OWF

2. Profile

2.1. Name:

<input type="checkbox"/> SURNAME																				
<input type="checkbox"/> FIRSTNAME	<input type="checkbox"/>																			
<input type="checkbox"/> MIDDLE NAME	<input type="checkbox"/>																			
																		MIDDLE INITIAL		NAME EXTENSION (e.g. Jr., Sr.)

2.2. Mailing Address:

Number, Street	Barangay	District
City	Province	Region
		Zip Code

2.3. Mother's Name

2.4. Father's Name

2.5. Sex	2.6. Civil Status	2.7. Contact Number(s)	2.8. Highest Educational Attainment	2.9. Employment Status
<input type="checkbox"/> Male	<input type="checkbox"/> Single	Tel:	<input type="checkbox"/> Elementary Graduate	<input type="checkbox"/> Casual
<input type="checkbox"/> Female	<input type="checkbox"/> Married	Mobile:	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Job Order
	<input type="checkbox"/> Widow/er	E-mail:	<input type="checkbox"/> TVET Graduate	<input type="checkbox"/> Probationary
	<input type="checkbox"/> Separated	Fax:	<input type="checkbox"/> College Level	<input type="checkbox"/> Permanent
		Others:	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Self - Employed
			<input type="checkbox"/> Others: _____	<input type="checkbox"/> OFW

2.10 Birth date (mm/dd/yy): 2.11 Birth place: 2.12 Age:

3. Work Experience (National Qualification-related)

3.1. Name of Company	3.2. Position	3.3. Inclusive Dates	3.4. Monthly Salary	3.5. Status of Appointment	3.6. No. of Yrs. Working Exp.

(For more information, please use separate sheet)

4. Other Training/Seminars Attended (National Qualification-related)

4.1. Title	4.2. Venue	4.3. Inclusive Dates		4.4 No. of Hours	4.5 Conducted By

(For more information, please use separate sheet)

5. Licensure Examination(s) Passed

5.1. Title	5.2. Year Taken	5.3. Examination Venue	5.4. Rating	5.5. Remarks	5.6. Expiry Date

(For more information, please use separate sheet)

6. Competency Assessment(s) Passed

6.1. Title	6.2. Qualification Level	6.3 Industry Sector	6.4. Certificate Number	6.5. Date of Issuance	6.6. Expiration Date

(For more information, , please use separate sheet)

ADMISSION SLIP

REFERENCE NUMBER :

Name of Applicant:

Tel. Number:

Assessment Applied for:

Official Receipt Number:

Date Issued:

To be accomplished by the Processing Officer

Name of Assessment Center:

Check submitted requirements:

☐ Accomplished Self-Assessment Guide

☐ Three (3) pieces colored passport size pictures

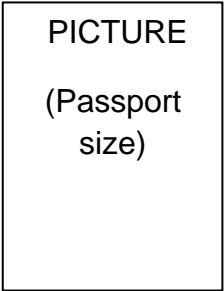
☐ Bring own Personal Protective Equipment

☐ Others. Pls. specify

Remarks:

Assessment Date:

Assessment Time:



Printed Name & Signature of Processing Officer

Date:

Printed Name & Signature of Applicant

Date:

Note: Please bring this Admission Slip on your assessment date.

Reference No.															
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to be filled out by the Processing Officer

SELF ASSESSMENT GUIDE

Qualification:		
Units of Competency Covered:		
Instruction: <ul style="list-style-type: none"> Read each of the questions in the left-hand column of the chart. Place a check in the appropriate box opposite each question to indicate your answer. 		
Can I?	YES	NO
I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.		
_____ Candidate's Name & Signature	Date:	

Evaluated by: _____ _____ AC Manager	<input type="checkbox"/> Qualified for Assessment <input type="checkbox"/> Not yet Qualified for Assessment
Date:	



TESDA-OP-CO-05-F31
Rev.No.00-03/08/17

Technical Education and Skills Development Authority

ASSESSMENT AND CERTIFICATION PROGRAM

ATTENDANCE SHEET

(Title of Qualification)

Name of Competency Assessment Center:				
Date of Assessment:				
No.	CANDIDATE'S NAME	Reference Number:	Signature	Assessment Results
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Assessor/s: _____ Signature over Printed Name Accreditation Number:_____			TESDA Representative: _____ Signature over Printed Name	
_____ Signature over Printed Name Accreditation Number:_____			AC Manager: _____ Signature over Printed Name	

Technical Education and Skills Development Authority
ASSESSMENT AND CERTIFICATION PROGRAM

LETTER OF APPOINTMENT

Date

Dear Sir/Madam:

This letter officially appoints you as competency assessor on
(schedule of assessment) for (state title of Qualification) at
(name and address of assessment center). Please report to the Assessment Center as
scheduled.

If you have any questions, please call (contact person) at (phone number).
We look forward to your acceptance of this appointment.

Very truly yours,

AC Manager

Conforme:

Signature of Assessor

REQUEST FORM FOR ASSESSMENT PACKAGE/S

TITLE OF QUALIFICATION	
NAME OF ASSESSMENTCENTER	
DATE OF ASSESSMENT	
NUMBER OF CANDIDATES FOR ASSESSMENT	
REQUESTED BY (PO CAC Focal)	
DATE OF REQUEST	
APPROVED BY (Provincial Director)	
DATE APPROVED	

LETTER OF ASSIGNMENT

Date

_____:

This letter officially designates you as TESDA Representative on (Date)
for (**Title of Qualification**) at (**name and address of AC/AV**).
Please report to the Assessment Center/Venue as scheduled.

If you have any questions/ queries, please call the undersigned at telephone
number/s _____.

Very truly yours,

Provincial Director

Conforme:

Signature over printed name
of TESDA Representative

REPORT ON ASSESSMENT PROCEEDINGS

Name of Competency Assessment Center			
Accreditation Number			
Title of Qualification			
Date of Assessment		No. of Candidates	
Name of Competency Assessor			
Findings and Observations:			
Items	Yes	No	Areas for Improvement
1. Competency Assessor has a signed Letter of Appointment			
2. Attendance of the candidates is checked and Admission Slips are verified and collected			
3. Supplies and materials are available during the conduct of assessment			
4. Tools and equipment are available and in good working conditions			
5. Assessment starts on time			
6. Conduct of assessment is in accordance with the methods identified in the CATs			
7. Projects produced by the candidates are in accordance with the requirements in the CATs.			
8. Candidates are provided with clear and constructive feedback on the assessment decision (one-on-one)			
9. Assessor has the ability to manage the competency assessment proceedings			
10. Complaints of candidates are properly addressed and handled by the Assessor & the AC, when applicable			
11. Assessment Packages issued to the Assessor are completely returned upon completion of assessment			
12. Assessment-related documents are accurately accomplished and submitted promptly after assessment <ul style="list-style-type: none"> Rating Sheets CARS Attendance Sheet RWAC Application Forms with SAGs Assessor's Guide & Specific Instruction to Candidate 			
Narrative: <i>(Recommended areas for improvement of items which are not covered or named above)</i>			
Prepared by:		Date:	
<hr style="width: 80%; margin: 0 auto;"/> Signature over Printed Name (TESDA Rep)		<hr style="width: 80%; margin: 0 auto;"/>	

LETTER OF DESIGNATION

Date

(Head of TVI/ Company) _____

Dear _____:

This letter officially designates (NAME OF TVI/ Company) as assessment venue for (TITLE OF QUALIFICATION) on (DATE OF ASSESSMENT) . Conduct of assessment shall be governed by Procedures Manual on Competency Assessment.

We look forward to your acceptance of this agreement.

Very truly yours,

Approved by:

AC Manager

TESDA Provincial Director

CONFORME:

Head, TVI/ Company

ASSIGNMENT OF ASSESSORS

For the month of _____

[illegible]

Performance Evaluation Instrument

Assessor's Name					
Qualification					
Name of Respondent		Date Accomplished			
[Pls. Tick (✓) where applicable]					
<input type="checkbox"/> ACAC Manager <input type="checkbox"/> Candidate					
INSTRUCTIONS: Put a tick (✓) mark in the appropriate column					
SCALE GUIDE	5– Very Satisfactory 4 – Satisfactory	3 – Good 2 – Fair	1 – Poor		
ITEM	RATING				
	5	4	3	2	1
1. Physical appearance and composure (Pangkalahatang anyong pisikal at kung paano magdala sa sarili)					
2. Ability to pace instruction (Kakayahang magpaliwanag ng malumanay at mahusay kung ano ang mga dapat gawin)					
3. Ability to establish good rapport with candidates (Kakayahang magpadaloy ng komunikasyon sa pagitan niya at ng mga kukuha ng pagsusulit)					
4. Ability to ensure that the candidate understands the instruction (Kakayahang siguraduhing ang lahat ng instruksyon ay naiintindihan ng mga kukuha ng pagsusulit)					
5. Ability to answer queries, comments, etc. (Kakayahang magbigay ng karapat dapat nasagot o tugon sa mga tanong, puna o mga paglilinaw)					
6. Ability to establish the assessment context and purpose of assessment (Kakayahang magpaliwanag tungkol sa layunin ng pagsusulit)					
7. Ability to plan and prepare the evidence gathering process (Kakayahang paghandaan at iayos ang mga pangangailangan sa pagsusulit)					
8. Ability to provide allowable/reasonable adjustments in the assessment procedure (Kakayahang magbigay ng makabuluhang konsiderasyon sa may Mga pangangailangan sa pagsusulit)					
9. Ability to conduct assessment in accordance with the methodologies (Kakayahang ipatupad ang pagsusulit ayon samga itinakdang panuntunan)					
10. Ability to collect appropriate evidence during the conduct of assessment (Kakayahang mangalap at sumuri ng mga tamang ebidensya habang nagbibigay ng pagsusulit)					
11. Ability to provide clear and constructive feedback on the assessment decision (Kakayahang magbigay ng malinaw at tamang kaukulang opinyon)					

sa resulta ng pagsusulit)						
12. Ability to provide fair, reliable and valid assessment decision (Kakayahang magbigay ng pantay, ugma at tamang desisyon sa resulta ng pagsusulit)						
Sub - score						
FINAL RATING						
Signature of Respondent						

FOR TESDA USE ONLY	
EVALUATOR'S REMARKS:	
RECOMMENDATION:	
For re-accreditation	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> For further review

*Frequency

For AC Manager – once a month

For Candidate - at least 2 candidates per assessment schedule

UTILIZATION REPORT ON BLANK CERTIFICATES ISSUED
REGION _____

Name of Form	Quantity Received	Date Received	Inclusive Serial No.		Recipient (Province/ District)	Quantity Issued	Inclusive Serial No.		Spoilage		Available Balance
			From	To			From	To	Qty	Serial No.	
Prepared by:			Signature:					Date:			
Certified Correct: (Regional Director)			Signature:					Date			

TRACKING SHEET
PREPARATION AND ISSUANCE OF CERTIFICATE

For the month of _____

NAME			TITLE OF QUALIFICATION	DATE OF ASSESSMENT	DATE OF RECEIPT OF CARS BY THE PO	DATE OF PRINTING OF NC/COC	SIGNATURE OF CANDIDATE	DATE OF RECEIPT OF NC/ COC BY THE CANDIDATE
LAST NAME	FIRST NAME	MI						

Prepared by:		Noted by:	
	Name & Signature		Provincial Director

LETTER OF AUTHORIZATION

I, _____, of legal age, Filipino, single/married with address at _____, do hereby name, constitute and appoint _____ of legal age, Filipino, single/ married and with address at _____, to be my true and lawful attorney, for me and in my name, place and stead, to perform the following acts and things, to wit:

1. To claim my Certificate in _____; and
2. To sign all documents necessary for the conduct of said transaction.

Issued on _____, 20____ at _____.

Signature of the Certified Worker

Authorized Representative
(Signature over Printed Name)

For TESDA use only

I hereby attest that the claimant presented the following:

- ☐ Original copy of CARS
- ☐ Photocopy of ID of the certified worker
- ☐ Accreditation ID of claimant (if Liaison Officer)
- ☐ Photocopy ID of claimant

TESDA PO CAC Focal person
(Signature over Printed Name)