



4. Learner/Trainee/Student (Clients) Classification:		
<input type="checkbox"/> 4Ps Beneficiary	<input type="checkbox"/> Agrarian Reform Beneficiary	<input type="checkbox"/> Balik Probinsya
<input type="checkbox"/> Displaced Workers	<input type="checkbox"/> Drug Dependents Surrenderers/Surrenderers	<input type="checkbox"/> Family Members of AFP and PNP Killed-in-Action
<input type="checkbox"/> Family Members of AFP and PNP Wounded in-Action	<input type="checkbox"/> Farmers and Fishermen	<input type="checkbox"/> Indigenous People & Cultural Communities
<input type="checkbox"/> Industry Workers	<input type="checkbox"/> Inmates and Detainees	<input type="checkbox"/> MILF Beneficiary
<input type="checkbox"/> Out-of-School-Youth	<input type="checkbox"/> Overseas Filipino Workers (OFW) Dependents	<input type="checkbox"/> RCEF-RESP
<input type="checkbox"/> Rebel Returnees/Decommissioned Combatants	<input type="checkbox"/> Returning/Repatriated Overseas Filipino Workers (OFW)	<input type="checkbox"/> Student
<input type="checkbox"/> TESDA Alumni	<input type="checkbox"/> TVET Trainers	<input type="checkbox"/> Uniformed Personnel
<input type="checkbox"/> Victim of Natural Disasters and Calamities	<input type="checkbox"/> Wounded-in-Action AFP & PNP Personnel	<input type="checkbox"/> TUPAD Beneficiary
<input type="checkbox"/> Senior Citizen	<input type="checkbox"/> Women	<input type="checkbox"/> Others: _____ (Please Specify)
For Rice Competitiveness Enhancement Fund - Rice Extension Service Program (RECF-RESP):		
RSBSA No. <input type="text"/>	Name of Farmer <input type="text"/>	Relationship to the Farmer (if Beneficiary) <input type="text"/>
5. Type of Disability (for Persons with Disability Only): To be filled up by the TESDA personnel		
<input type="checkbox"/> Mental/Intellectual	<input type="checkbox"/> Visual Disability	<input type="checkbox"/> Orthopedic (Musculoskeletal) Disability
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Multiple Disabilities, specify
<input type="checkbox"/> Psychosocial Disability	<input type="checkbox"/> Disability Due to Chronic Illness	<input type="checkbox"/> Learning Disability
6. Causes of Disability (for Persons with Disability Only): To be filled up by the TESDA personnel		
<input type="checkbox"/> Congenital/Inborn	<input type="checkbox"/> Illness	<input type="checkbox"/> Injury
7. Name of Course/Qualification:		
<input type="text"/>		
8. If Scholar, what Type of Scholarship Package (TWSP, PESFA, STEP, others)?		
<input type="text"/>		
9. Privacy Consent and Disclaimer		
I hereby attest that I have read and understood the Privacy Notice of TESDA through its website ( <a href="https://www.tesda.gov.ph">https://www.tesda.gov.ph</a> ) and thereby giving by consent in the processing of my personal information indicated in this Learners Profile. The processing includes scholarships, employment, survey, and all other related TESDA programs that may be beneficial to my qualifications.		
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree		
This is to certify that the information stated above is true and correct.		
<div><div></div><div>APPLICANT'S SIGNATURE OVER PRINTED NAME</div></div> <div><div></div><div>DATE ACCOMPLISHED</div></div>		<div><div></div><div>1x1 picture taken within the last 6 months</div></div>
<div><div>Noted by:</div><div><div>CARLOS B. CARIZAL, PhD</div><div>REGISTRAR/SCHOOL ADMINISTRATOR</div><div>(Signature Over Printed Name)</div></div></div> <div><div></div><div>DATE RECEIVED</div></div>		<div><div></div><div>Right Thumbmark</div></div>