

THE TECHNICAL UNIVERSITY OF KENYA
INDUSTRIAL LIAISON OFFICE

TUK/ATT/021 FORM

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Email: ilo@tukenya.ac.ke
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INDUSTRIAL ATTACHMENT LOG-BOOK

A. Personal Details

Last Name:..... Other Names

Admin No:..... Female ☐ Male ☐

National Id. Card No Date of Birth: Date..... Month..... Year.....

Course Level Year/Module

Home Address Tel. No:

Next of Kin(Name):..... Relationship

Postal Address:..... Postal Code Tel. No.....

B. Training Institution

Name of Faculty Dean

Name of Faculty :

Contact Address: Tel. No.....

Name of School:

Name of Director :

Tel No: Email:.....

Name of Department.....

Name of Chairperson :

Tel No: Email:.....

C. Details of Attachment Place

Name of Organization:.....

Physical Address:

Postal Address:.....

Tel. Email

Department/Unit attached

Name of Head: Tel. No

Trainer/Supervisor's Names Tel. No.....

Position/Designation..... Signature

Stamp

WEEKLY INDUSTRIAL ATTACHMENT RECORDS**TUK/ATT/022 FORM****PART I – To be filled by the Attachee**

Week To Weeks

Dates : From To

| Day | Notes on Work Done |
|-----------|--------------------|
| Monday | |
| | |
| | |
| Tuesday | |
| | |
| | |
| Wednesday | |
| | |
| | |
| Thursday | |
| | |
| | |
| Friday | |
| | |
| | |
| Saturday | |
| | |
| | |
| Sunday | |
| | |
| | |

Remarks by the Attachee:

.....

Name Signature Date

PART II – To be filled by the Industrial Attachment Trainer**Comments**

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.....

.....

Name Signature Date

PART III – To be filled by the Industrial Attachment Supervisor**Comments**

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.....

.....

Name Signature Date

(NB – attach a separate leaf if there are more issues to report - A STAMP May be Needed)

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TUK/ATT/023 FORM

Industrial Attachment Assessment Form

(This form is to be filled by the Organization offering Placement)

Full Name of Attachee: Female ☐ Male ☐

Admission No..... Attachment Contact Tel. No

Period: From: Day..... Month..... Year.....

To: Day..... Month..... Year.....

Name of School

Dept's Name Course Name

Organisation's Name

Name of Unit/dept Attached

Please, give your assessment of this attachee's performance during the period of attachment on the 5 – point scale below:

| Assessment Areas | | Rating Scale | | | | |
|------------------|--------------------------|--------------|------|---------|------|------|
| | | Excellent | Good | Average | Fair | Poor |
| | | 5 | 4 | 3 | 2 | 1 |
| 1. | Punctuality | | | | | |
| 2. | Adherence to regulations | | | | | |
| 3. | Improvements in: | | | | | |
| . | (a) Workmanship | | | | | |
| . | (b) Work Output | | | | | |
| 4. | Adaptability | | | | | |
| 5. | Communication | | | | | |
| 6. | Reliability | | | | | |
| 7. | Teamwork | | | | | |
| Total | | | | | | |

Overall assessment of the attachee as determined by the average score *(please tick as appropriate)*

Excellent ☐ Good ☐ Average ☐ Fair ☐ Poor ☐

Assessor's General Remark.....

.....

.....

Assessed by: Name..... Position/Designation.....

Signature Date

Stamp

Signed by the Attachee..... Date