



# INDUSTRIAL TRAINING FUND

## STUDENTS COMMENCEMENT OF ATTACHMENT FORM (SCAF)

ITF Area Office:.....

Institution:.....

Name of Organization:.....

Phone Number of Organization:.....

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E-mail of Organization:.....

Location Address:.....

S/No.	Name of Student	Matric No:	Course of Study and Year/Level	Period of Attachment in Months	Date of Commencement	Date of Completion	Remarks

**NOTE:** This Form is to be Completed and sent to the nearest ITF Area Office within 10 days of Resumption.

Date:.....

Stamp and Signature of Employer:.....