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|  | **Technical Education and Skills Development Authority Pangasiwaan sa Edukasyong Teknikal at Pagpapaunlad ng Kasanayan** | | | | | | | | | | MIS 01-03 (ver. 2021) |
| **Registration Form** | | | | | | | | | | | |
| ${profile\_**picture**}    **LEARNERS PROFILE FORM** | | | | | | | | | | | |
| **1. T2MIS Auto Generated** | | | | | | | | | | | |
| 1.1. **Unique Learner Identifier:**  **(ULI) Number:** ${learner\_id} | | | | | | | | | ${e\_date}  1.2. **Entry Date** | | |
| **2. Learner/Manpower Profile** | | | | | | | | | | | |
| ${middlename}  ${firstname}  ${lastname}  2.1. **Name:**  **Lastname, Extension Name (Jr., Sr.) First Middle**  2.2. **Complete**  ${district}  ${barangay}  ${street}  **Permanent**  **Mailing Number, Street Barangay District**  ${region}  ${province}  **Address**  ${city}  **City/Municipality Province Region**  ${nationality}  ${contact\_number}  ${email}  **Email Address/Facebook Account Contact Number Nationality** | | | | | | | | | | | |
| **3. Personal Information** | | | | | | | | | | | |
| 3.1. **Sex**   * **${s1}** Male * **${s2}** Female | | 3.2. **Civil Status**   * **${cs1}** Single * **${cs2}** Married * **${cs3}** Widow/er * **${cs4}** Separated * **${cs5}** Solo Parent | | | | 3.3. **Employment Status (before the training)**   * **${es1}** Employed * **${es2}** Unemployed | | | | | |
| ${age}  ${birth\_year}  ${birth\_day}  ${birth\_month}  3.4. **Birthdate**  **Month of Birth Day of Birth Year of Birth Age** | | | | | | | | | | | |
| ${birth\_region}  ${birth\_province}  ${birth\_city}  3.5. **Birthplace**  **City/Municipality Province Region** | | | | | | | | | | | |
| 3.7. **Educational Attainment Before the Training (Trainee)** | | | | | | | | | | | |
| **${ea1}** No Grade Completed | | **${ea2}** Pre-School (Nursery/Kinder/Prep) | | | **${ea3}** High School Undergraduate | | | | | **${ea4}** High School Graduate | |
| **${ea5}** Elementary Undergraduate | | **${ea6}** Post-Secondary Undergraduate | | | **${ea7}** College Undergraduate | | | | | **${ea8}** Graduate or Higher | |
| **${ea9}** Elementary Graduate | | **${ea10}** Post-Secondary Graduate | | | **${ea11}** Junior High Graduate | | | | | **${ea12}** Senior High Graduate | |
| ${parent\_mailing\_address}  ${parent\_name}  3.8. **Parents/Guardian**  **Name Complete Permanent Mailing Address** | | | | | | | | | | | |
| 1. **Learner/Trainee/Student (Clients Classification:** | | | | | | | | | | | |
| **${t1}** 4ps Beneficiary | | | | **${t2}** Agrarian Reform Beneficiary | | | **${t3}** Balik Probinsya | | | | |
| **${t4}** Displaced Workers | | | | **${t5}** Drug Dependents Surrenderers/Surrenderees | | | **${t6}** Family Members of AFP and PNP Killed-in-Action | | | | |
| **${t7}** Family Members of AFP and PNP Wounded in-Action | | | | **${t8}** Farmers and Fishermen | | | **${t9}** Indigenous People & Cultural Communities | | | | |
| **${t10}** Industry Workers | | | | **${t11}** Inmates and Detainees | | | **${t12}** MILF Beneficiary | | | | |
| **${t13}** Out-of-School-Youth | | | | **${t14}** Overseas Filipino Workers (OFW) Dependents | | | **${t15}** RCEF-RESP | | | | |
| **${t16}** Rebel Returnees/Decommissioned | | | | **${t17}** Returning/Repatriated Overseas Filipino Workers (OFW) | | | **${t18}** Student | | | | |
| **${t19}** TESDA Alumni | | | | **${t20}** TVET Trainees | | | **${t21}** Uniformed Personnel | | | | |
| **${t22}** Victim of Natural Disasters and Calamities | | | | **${t23}** Wounded-in-Action AFP & PNP Personnel | | | **${t24}** Others: **${t\_others}**  (Please Specify) | | | | |
| **5. Type of Disability (for Persons with Disability only):** *To be filled up by the TESDA personnel* | | | | | | | | | | | |
| * **${d1}** Mental/Intellectual | | | | * **${d2}** Visual Disability | | | * **${d3}** Orthopedic (Musculoskeletal)Disability | | | | |
| * **${d4}** Hearing Disability | | | | * **${d5}** Speech Impairment | | | * **${d6}** Multiple Disabilities, specify | | | | |
| * **${d7}** Psychosocial Disability | | | | * **${d8}** Disability Due to Chronic Illness | | | * **${d9}** Learning Disability | | | | |
| **6. Causes of Disability (for Persons with Disability only):** *To be filled up by the TESDA personnel* | | | | | | | | | | | |
| * **${p1}** Congenital/Inborn | | | * **${p2}** Illness | | | | | * **${p3}** Injury | | | |
| **7. Name of Course/Qualification: ${course\_qualification}** | | | | | | | | | | | |
| **8. If Scholar, What Type of Scholarship Package (TWSP,PESFA,STEP, Others)? ${scholarship\_package}** | | | | | | | | | | | |
| **9. Privacy Disclaimer** | | | | | | | | | | | |
| ***I hereby allow TESDA to use/post my contact details, name, email, cellphone/landline nos. and other information I provided which may be used for processing of my scholarship application, for employment opportunities and for the survey of TESDA programs.***   * Disagree * ✓ Agree | | | | | | | | | | | |
| **10. Applicant’s Signature** | | | | | | | | | | | |
| *This is to certify that the information stated above is true and correct.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1 x 1 picture taken within the last 6 months  ­­ ${signature}  **${fullname}**  **APPLICANT’S SIGNATURE OVER PRINTED NAME DATE ACCOMPLISHED**  (right thumbmark)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Noted by:**  **REGISTRARS/SCHOOL ADMINISTRATOR DATE RECEIVED**  **(Signature Over Printed Name)**  **Right Thumbmark** | | | | | | | | | | | |