Government of the Republic of Trinidad and Tobago
Ministry of Tertiary Education and Skills Training

ON-THE-JOB TRAINING PROGRAMME
TRAINING PROVIDER REQUEST FORM

1. **PUBLIC** ☐ **PRIVATE** ☐ **NGO** ☐

2. NAME OF ORGANIZATION: _____

3. ADDRESS: _____

4. NAME OF HR REPRESENTATIVE/ LIAISON: _____

5. POSITION OF HR REPRESENTATIVE/ LIAISON: _____

5. CONTACT INFORMATION OF HR REPRESENTATIVE/ LIAISON:

PHONE CONTACT: _____ MOBILE CONTACT: _____

6. EMAIL ADDRESS: _____

7. NAME OF THE TRAINEE PLACEMENT LOCATION (UNIT/ DEPARTMENT/STATE AGENCY) if different from above

_____

8. ADDRESS OF TRAINEE PLACEMENT LOCATION (UNIT/DEPARTMENT/STATE AGENCY) if different from above

_____

9. NAME OF CONTACT PERSON AT TRAINEE PLACEMENT LOCATION if different from above

_____

10.POSITION OF CONTACT PERSON: _____

11.PHONE CONTACT: _____ MOBILE CONTACT: _____

12.EMAIL ADDRESS: _____

13.INDUSTRY TYPE:

- ☐ Agriculture, forestry and fishing
- ☐ Mining and quarrying
- ☐ Manufacturing
- ☐ Electricity, gas and air conditioning supply
- ☐ Water, sewerage, waste management and remediation activities
- ☐ Construction
- ☐ Wholesale and retail trade, repair of motor vehicles and motorcycles
- ☐ Transportation and storage
- ☐ Accommodation and food service activities
- ☐ Information and communication
- ☐ Financial and insurance activities
- ☐ Real estate activities
- ☐ Professional, scientific and technical services
- ☐ Administrative and support service activities
- ☐ Public Administration and defence
- ☐ Education
- ☐ Human health and social work activities
- ☐ Arts, entertainment and recreation
- ☐ Other service activities
- ☐ Activities of extraterritorial organisations and bodies

14.NUMBER OF EMPLOYEES AT PRESENT (inclusive of Owner): _____

15.NUMBER OF OJT TRAINEES AT THE PLACEMENT LOCATION (at present): _____

16.CAN YOU ACCOMMODATE TRAINEES LIVING WITH DISABILITIES? PLEASE SELECT ALL THAT APPLY:

VISION IMPAIRMENT ☐ DEAF/ HARD OF HEARING ☐

PHYSICAL DISABILITY ☐ WHEELCHAIR BOUND ☐

17.SIGNATURE OF HR REPRESENTATIVE/ LIAISON: _____ DATE (dd/mm/yy): _____

Affix Company stamp here

FOR OFFICIAL USE ONLY

DATE RECEIVED: …… NAME: …… SIGNATURE: ……

REMARKS……

……

REGISTRATION NO: ……..

SUB-REGISTRATION NO:……. **REGIONAL OFFICE: ……..**

SEE REVERSE TO COMPLETE REQUEST INFORMATION AND FOR OJT CONTACT INFORMATION

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DETAILS OF ON-THE-JOB-TRAINEES BEING REQUESTED:

DEPARTMENT/ UNIT	NO. OF POSITIONS	POSITION TITLE/ DESCRIPTION	MINIMUM QUALIFICATIONS	HOURS OF WORK	ADDITIONAL REQUIREMENTS	REQUESTED COMMENCEMENT DATE
					SPECIALTOOLS: YES ☐ NO ☐ PERSONAL PROTECTIVE EQUIPMENT : YES NO INSURANCE: YES NO	
					SPECIAL TOOLS: YES ☐ NO ☐ PERSONAL PROTECTIVE EQUIPMENT: YES NO INSURANCE: YES NO	
					SPECIAL TOOLS: YES ☐ NO ☐ PERSONAL PROTECTIVE EQUIPMENT: YES NO INSURANCE: YES NO	
					SPECIAL TOOLS: YES ☐ NO ☐ PERSONAL PROTECTIVE EQUIPMENT: YES NO INSURANCE: YES NO	
					SPECIAL TOOLS: YES ☐ NO ☐ PERSONAL PROTECTIVE EQUIPMENT: YES NO INSURANCE: YES NO	

See attached template for the Task Description (SPECIMEN). Kindly note that the Task Description is MANDATORY and must accompany the Training Provider Request Form.

PLEASE NOTE:
Separate Task Descriptions must be submitted in cases where more than one (1) Trainee is requested for the same position in different Departments/ Unit

TASK DESCRIPTIONS

Department

Name of Organisation	
Address of Placement Location	
POSITION DETAILS	
Training Position	
Department/Unit assigned	
• No. of staff currently within the Department	
No. of Trainees currently within the Department	
Name of Supervisor	
Position of Supervisor	
Supervisor's Contact Number	
Supervisor's Email Address	
PURPOSE OF THE TRAINING	
To be exposed to	
TRAINING DELIVERABLES	
Training will be provided for the Trainee to assist in the following areas: • • • • • • • •	
QUALIFICATIONS	
COMPETENCES	
• • • •	
SIGNATURES	
_____ **HR Representative/ Liaison** Affix Company stamp here	_____ **Date (dd/mm/yy)**