

Scholarship Form 1
CY 2016 Training for Work Scholarship Program (TWSP)
TENDERING FORM

Region: _____

Province/District: _____

Name of Tech-Voc Institution: _____

Address: _____

Qualification Title	CTPR No.	Name of Trainer and NTTC No.*	No. of Slots (per Batch)	Indicative Date of Training and Assessment (per Batch)		
				Start	End	Date of Assessment
(1)	(2)	(3)	(4)	(5)	(6)	(7)
TOTAL			-			

*Note: * - The name of identified trainer may change due to valid reason. In case of change, the TVI must inform the Regional Office (RO) concerning the reason. Included in the notice of change is the name of new trainer who must also be qualified with NTTC.*

Prepared by:

Name of Administrator