



DIRECTORATE OF INDUSTRIAL TRAINING

MINISTRY OF EDUCATION AND SPORTS

APPLICATION FOR WORKER'S PAS ASSESSMENT

This form when completed should be forwarded together with two coloured unglazed passport size photographs to:

DIRECTOR
DIRECTORATE OF INDUSTRIAL TRAINING
P.O.BOX 20050, KAMPALA.

Website: www.dituganda.org

E-mail address: info@dituganda.org

PART A

(To be completed by the applicant)

1. Name:.....
 (Surname) (Middle name) (First name)
2. Date of birth:Place of birth Gender.....Marital Status.....
3. Nationality: Village/Zone:
4. County:.....Sub-county:.....District of birth.....
5. District of Employment:.....County.....Village/Zone:.....
6. Home address:..... Mobile contact:.....
 E-mail address:.....
7. Level of Education obtained; a) Not attended school at all ☐ b) Primary ☐ c) Secondary ☐
 d) Tertiary ☐ e) University ☐
8. Record of Schools(Primary/Others) attended and awards (Ignore if not attended school at all)

#	School/Institution/Enterprise	Year/Period	Award

9. Name of present occupation(s):.....

10. Name of Institution/firm where you acquired the Skills:.....

a) Worker ☐ b) Trainee ☐ (Tick the appropriate box)

Location:.....District:.....Region:.....

11. Record of Employment

#	Institution/Enterprise	Year/Period

12. Occupation(s) in which assessment is applied for:.....

Level: a) Modular ☐ b) Worker's PAS ☐ (Tick the appropriate box)

13. Test Areas/Modules entered for assessment (Use Test Selection form in Part C to insert detailed related tasks)

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14. Have you been assessed by DIT before? Yes ☐ No ☐ (Tick the appropriate box)

15. If yes indicate:

i) Occupation(s) in which assessment was conducted.....and when.....

ii) Type of Certificate/Transcript issued.....

iii) Certificate number issued (if applicable).....dated.....

iv) Level of competence assessed;

a) Modular assessment ☐ b) UVQF level I ☐ c) Level II ☐ (Tick the appropriate box)

16. Specify the language in which assessment is desired:

(Please indicate sign language for the deaf and additional considerations for other persons with disabilities including the blind))

Signature /thumb print:.....Date:
(Applicant)

PART B

(To be completed by the Head of Training Centre/Employer)

17. Name of Head of Training/Employer.....Phone contact.....

18. Name of Institution/Employer:.....Centre No:.....

19. Present Address: P.O Box.....Town..... District.....

20. E-mail address:Phone contact.....

21. Date of commencement of employment of Applicant:

22. Number of years/months of work experience of Applicant:

23. Number of years/months of practical experience in preferred occupation for assessment.....

24. Proposed date when assessment is convenient:

25. Sponsored by: a) Training Centre ☐ b) NGO ☐ c) Employer e) Self ☐ (Tick the appropriate box)

(It is your obligation to establish the validity of the information entered by the applicant on this form before it is submitted to DIT)

NB: Head of Training Institution/Employer is advised to submit soft copy of digital PP size photos of all candidates on CD or memory stick whichever is convenient when delivering the application forms to Senior Qualifications Officer at the Directorate of Industrial Training (DIT).

Official stamp

Signature:..... Date:

PART C

SECTION I

(To be completed by the Applicant assisted by the Head of Training Institution/Employer)

Test Selection Form

(Fill in the related tasks and specify the competence level I or II by ticking)

TOURIST GUIDE

Test Area:	Related Tasks	Level I	Related Tasks	Level II
Describe the Geography and history of Uganda	<ul style="list-style-type: none"> Describe the historic background of Uganda Describe the Geography of Uganda 		N/A	
Conduct a Mammal Tour		N/A	<ul style="list-style-type: none"> Identify mammals Design a Mammal watching Itinerary Describe the relationship between Mammals and other related animals in the ecosystem 	
Conduct a plant Identification tour	Describe flowering plants Describe non-flowering plants	N/A	N/A	
Conduct a Birding tour		N/A	<ul style="list-style-type: none"> Identify birds Design a birding Itinerary Describe the relationship between birds and other Members in the ecosystem 	
Conduct an animal identification tour	Identify reptiles Identify amphibians Identify mammals		N/A	
Conduct mountain-eering		N/A	Identify locations/Sports Perform mountain climbing	
Conduct an Insect Identification tour	Identify termites Identify Cockroaches Identify Wasps Identify Textile pests Identify Ants e.t.c		Identify butterfly /Insects Design a Butterfly Itinerary Describe the relationship between butterflies and other members.	
Conduct a Birds' Identification tour	Identify the crested Crane Shoebill Stork Shelley's Crimsonwing Great Blue Turaco African Green Broadbill e.t.c		N/A	
Conduct herpetology Tour		N/A	Identify Reptiles and Amphibians Design a Herpetology Itinerary Describe the relationship between Herpes and other members of the ecosystem	
Conduct a Cultural and Heritage Tour	Identify different ethnic groups Identify cultural practices Identify socio-economic activities of different tribes Visit cultural sites		Interpret cultures Interpret cultural heritage Explain the migration and settlement of ethnic groups	
Conduct Religious Attraction tour		N/A	Interpreting pictures and artefacts Site Visits Storytelling (Folk songs, Rapping and traditional dances e.t.c)	

Provide Customer Care	Brief clients Host Tourists Conduct communication tasks			N/A
Conduct an Aqua Tour			Plan Aqua Tour Perform Aqua Tour	
Drive a tourist Vehicle	Drive vehicle Observe high way codes Provide customer Service			N/A
Conduct City Tour		N/A	Plan City tour Perform City Tour	
Conduct Photography Tour		N/A	Plan Photography tour Perform Photography Tour	

Name of Applicant:.....

Applicant's Signature:.....Date:.....

SUPERVISOR'S APPROVAL

Name of Supervisor:.....Signature:.....Date:.....