



**MINISTRY OF LABOUR AND SMALL ENTERPRISE DEVELOPMENT
ON-THE-JOB TRAINING PROGRAMME**

Corner Chaguanas Main Road and Connector Road, Chaguanas
Tel: (868) 672-7107 Ext 4029 Fax: (868) 665-8651/ 671-3457
Website: ojtonline.org

EMPLOYER REGISTRATION & REQUEST FORM

Employers are invited to submit applications to become a Training Provider/Partner in the ON-THE-JOB-TRAINING Programme

PUBLIC **PRIVATE** **NGO** **NEW EMPLOYER** **EXISTING**

1. NAME OF MINISTRY / AGENCY / CORPORATION / ENTERPRISE / ORGANIZATION: _____

2. ADDRESS _____

3. BUSINESS NO: 4. MOBILE NO: 5. FAX NO:

6. E-MAIL ADDRESS: _____

7. TYPE OF BUSINESS CONDUCTED: _____

8. SUBSIDIARIES/AFFILIATES (if applicable): _____

9. HAVE YOU EVER HAD ANY TYPE OF TRAINEES/APPRENTICES: NO YES

10. FACILITIES FOR TRAINEES WHO ARE DIFFERENTLY ABLED: NO YES

11. CONTACT PERSON: _____

12. POSITION: _____

13. SIGNATURE: _____

14. BUSINESS CONTACT: 15. MOBILE CONTACT: 16. DATE: _____

FOR OFFICIAL USE ONLY

DATE RECEIVED: NAME: SIGNATURE:

REMARKS.....

REGISTRATION NO. REGIONAL OFFICE:

SEE REVERSE TO COMPLETE REQUEST INFORMATION AND FOR OJT CONTACT INFORMATION



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

NO. OF POSITIONS	REQUESTED COMMENCEMENT DATE	POSITION TITLE/DESCRIPTION	IS JOB DESCRIPTION ATTACHED	SPECIAL TOOLS/ SAFETY GEAR/ INSURANCE	MINIMUM QUALIFICATIONS	HOURS OF WORK
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			
			YES <input type="checkbox"/> NO <input type="checkbox"/>			

