



Training Delivery Details - Level 5 & 6

Name of the Module to be accredited:			
Module No.			
Relevant competencies	Unit Code	% of Unit covered	Credit Amount

No	Instruction/Tutorial	Hours	Evidence (to be filled by Accreditation Assessor)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Evidence to be collected by Accreditation Assessor/s

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Sufficient Time allocated 2. Trainer qualification 3. Course plan available 4. Training plan available 5. Lesson plan available | <ol style="list-style-type: none"> 6. Trainer –Trainee ratio 7. Teaching resource materials 8. Conduct Assessment 9. Maintain Progress record book 10. Student note book/.handouts |
|--|---|

Name and Signature of the Instructor:	Name and Signature of the Accreditation Assessor Expert: TVEC Representative:
Date:	Date:



Training Delivery Details - Level 5 & 6

Module Name:

Module No.

	Lab practical/ Assignment	Location	Hours				Evidence (To be filled by Accreditation Assessor)
			With Supervision	Without Supervision	Self Studies	Total	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Inplant Training/ OJT

No.	Module/ Subject area/assignment	Hours in work - Site	Hours in Off- site	Effective hrs.	Evidence (to be filled by Assessor)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

** 4- Above the standards 3- Meet the standards 2- Satisfactory 1- Below the Standards*

No.		Rating*	Evidence (to be filled by Accreditation Assessor)
1.	Daily Diary		
2.	Training report		
3.	Time		

Name and Signature of the Instructor:	Name and Signature of the Accreditation Assessors
	Expert: TVEC:
Date:	Date: