

VOCATIONAL EDUCATION AND TRAINING AUTHORITY



MOROGORO VOCATIONAL TEACHERS TRAINING COLLEGE (MVTTC)

APPLICATION FORM

CERTIFICATE OF ASSISTANT VOCATIONAL TEACHER

ACADEMIC YEAR 2021/ 2022 THROUGH OPEN AND DISTANCE LEARNING MODE (ODL)

ATTACH
RECENT
PASSPORT
SIZE PHOTO
HERE

1. PERSONAL DETAILS *(Tick where applicable)*

TITLE	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	SEX	Male <input type="checkbox"/> Female <input type="checkbox"/>
FIRST NAME	_____	MARITAL STATUS	Single <input type="checkbox"/> Married <input type="checkbox"/>
MIDDLE NAME	_____	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
SURNAME	_____	PLACE OF BIRTH	_____
DATE OF BIRTH	_____	DISTRICT	_____
NATIONALITY	_____	REGION	_____

	Yes (✓)	No (✓)	If "Yes", indicate the type of disability below. <i>(Tick where applicable)</i>
Do you have any disability that will need special attention?			Visual impairment <input type="checkbox"/> Physical impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Albinism impairment <input type="checkbox"/> Mental impairment <input type="checkbox"/> Autism impairment <input type="checkbox"/>

2. CONTACT DETAILS

Postal address :	Next of kin name: _____
Physical address : (place of residence)	Relationship: _____
District:	Next of kin address: _____
Region:	Telephone no: _____
Telephone no.:	Fax : _____
Fax	Mobile phone no. : _____
Mobile phone no.	Email address : _____
Email address	

3. PROGRAMME OF STUDY

S/N	Course title	Tick (✓)
1	Certificate of Assistant Vocational Teacher (CAVT)	

4. CENTER FOR STUDY (INDICATE A PLACE OF YOUR INTEREST

S/N	Zone Name	Center Name	Tick (✓)
1	NOTHERN ZONE	VETA MOSHI	
2	LAKE ZONE	LAKE VICTORIA DISABILITY VOCATIONAL CENTRE (LDVTC) - MUSOMA	
3	CENTRAL ZONE	VETA DODOMA	
4	HIGHLAND ZONE	VETA IRINGA	
5	DAR ES SALAM ZONE	VETA CHANG'OMBE	
6	WESTERN ZONE	VETA TABORA	

5. ACADEMIC QUALIFICATION

Name of school	Qualification (Primary, O-Level, A-Level)	Index /Registration number	Year completed	Division	Points obtained
	Primary				
	O-Level				
	A-Level				

6. PROFESSIONAL QUALIFICATION

Name of institution	Vocational / Technical Award (eg. Certificate in Masonry and brick laying)	Index /Registration number	Year completed

7. EMPLOYEMENT STATUS (Tick where applicable)

Are you currently employed? (if "Yes" write employment details below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of organization	Current job position	Date of employment

8. SPONSORSHIP DETAILS (Tick where applicable)

Who will be responsible for payment of the course fee?

S/N	Sponsorship description	Tick (✓)	Name of Sponsor
1	My employer		
2	Other Organization		
3	Myself		

9. REFEREES

Name of Referee	Postal address	Mobile Phone No.	E-mail Address

10. INSTRUCTIONS

- a) Fill this form completely and attach photocopies of your academic certificates professional course certificates, transcripts and birth certificate.
- b) The course application fee is Tsh. 10,000/= or 10 USD non-refundable. The application fee should be paid through paid through **GePG** with CONTROL NUMBER: **994670273737**, A/C NAME: **PRINCIPAL MVTTTC**.
- c) Attach or enclose the application fee bank deposit slip with this application form.
- d) Return the filled form and the supporting documents mentioned above in a sealed envelope to the address below;

**The Principal,
Morogoro Vocational Teachers Training College (MVTTTC),
P.O BOX 671,
MOROGORO.**

Telephone: +255 23 2614466

Fax: +255 23 2614466

E-mail: mvttc@veta.go.tz

Website: www.mvttc.ac.tz

10. Applicant's Declaration:

I agree, if admitted to MVTTTC comply with the college rules and regulations. I certify that the information in this application is true and complete in all aspects and that I have withheld no information. I authorize the college to verify any information provided as part of this application.

Signature of Applicant:

Date