**MINISTRY OF LABOUR AND SMALL ENTERPRISE DEVELOPMENT**

**ON-THE-JOB TRAINING PROGRAMME**

Corner Chaguanas Main Road and Connector Road, Chaguanas
Tel: (868) 671-3457 / 671-4447 / 671-7822 / 800-4OJT (4658)
Website: mosed.gov.tt

**EMPLOYER REGISTRATION & REQUEST FORM**

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

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<th>PUBLIC</th>
<th>PRIVATE</th>
<th>NGO</th>
<th>NEW EMPLOYER</th>
<th>EXISTING</th>
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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:**

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**FOR OFFICIAL USE ONLY**

**DATE RECEIVED:** ………………….  **NAME:** …………………………………….  **SIGNATURE:** ……………………………

**REMARKS:** ………………………………………………………………………………………………………………………………………

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**REGISTRATION NO.** ………………….  **REGIONAL OFFICE:** ……………………………

SEE REVERSE TO COMPLETE REQUEST INFORMATION AND FOR OJT CONTACT INFORMATION
### DETAILS OF ON-THE-JOB-TRAINEES BEING REQUESTED:

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<thead>
<tr>
<th>NO. OF POSITIONS</th>
<th>REQUESTED COMMENCEMENT DATE</th>
<th>POSITION TITLE/DESCRIPTION</th>
<th>IS JOB DESCRIPTION ATTACHED</th>
<th>SPECIAL TOOLS/ SAFETY GEAR/ INSURANCE</th>
<th>MINIMUM QUALIFICATIONS</th>
<th>HOURS OF WORK</th>
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