

	Technical Education and Skills Development Authority Pangasiwaan sa Edukasyong Teknikal at Pagpapaunlad ng Kasanayan	MIS 03-02
Registration Form		
MANPOWER PROFILE		ID Picture
1. To be filled-up by the Tek-Bok Provider		
1.1 Student Identification Number :		1.2 Entry Date:
2. Manpower Profile		
2.1 Name:	Last Name	First Name
	Middle Name	
2.2 Mailing Address	Number, Street	Barangay
	City/Municipality	Province
	Region	
	Email Address:	Contact No:
3. Personal Information		
3.1 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	3.2 Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated	3.3 Employment Type <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Underemployed <input type="checkbox"/> Pls. specify _____
		3.4 Employment Status <input type="checkbox"/> Casual <input type="checkbox"/> Probationary <input type="checkbox"/> Contractual <input type="checkbox"/> Regular <input type="checkbox"/> Job Order <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary if Student <input type="checkbox"/> Trainee/OJT
		Name of Employer: Address of Employer: Employment date:
3.5 Birthdate:	Month of Birth	Day of Birth
		Year of Birth
		Age
3.6 Educational Attainment		
<input type="checkbox"/> No Grade Completed	<input type="checkbox"/> Elementary Level	<input type="checkbox"/> Elementary Graduate
<input type="checkbox"/> Post Secondary Level (TVET)	<input type="checkbox"/> Post Secondary Graduate	<input type="checkbox"/> College Level
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Not Reported	<input type="checkbox"/> High School Level
		<input type="checkbox"/> College Graduate/Higher
(To be filled-up by the Tek-Bok Provider Officer)		
4. Client (Student) Type:	<input type="checkbox"/> Displaced Worker (DW) - Loc <input type="checkbox"/> Foreign Student <input type="checkbox"/> DW-OFW <input type="checkbox"/> Alive Program Beneficiaries <input type="checkbox"/> DW-OFW dependent <input type="checkbox"/> Bantay Bata Dependent <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> Victims/Survivors of Human Trafficking	

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Applicants Copy

Name: _____

Language: _____

Training Schedule/Period: _____

VERY IMPORTANT

Please confirm your attendance on or before _____ at LSI Tel. No. 818-8062

(Registration is on a first come first serve basis)

5. Taken NCAE or YP4SC before?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
Where : _____					
When : _____					
6. Taken PGS/TWSP Scholarship before?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
If Yes, specify Student Identification Number assigned before: _____					
<i>Note: Student Identification Number should be consistent with the number specified above (1.1)</i>					
Where : _____					
When : _____					
7. Availed TESDA Training before other than the PGS / TWSP Scholarship?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	
If Yes, specify Student Identification Number assigned before: _____					
<i>Note: Student Identification Number should be consistent with the number specified above (1.1)</i>					
Where : _____					
When : _____					
8. Applicant's Signature					
<i>This is to certify that the information stated above are true and correct.</i>					
Signature _____			Date _____		
9. Student/Scholar Voucher Number					
Voucher Number : _____					
PGS/TWSP Package (eg. SP I(a), SP II(b), SP III, etc.): _____					
Name of Course/Qualification : _____					
<i>This is to certify that the information stated above are true and correct.</i>					
Signature _____			Date _____		



TECHNICAL EDUCATION AND SKILLS
DEVELOPMENT AUTHORITY
NATIONAL LANGUAGE SKILLS INSTITUTE

Interview Sheet

NLSI FORM - 0003

Name: _____ Age: _____

Language Training Program: _____

1. Why did you choose to study this language?

2. a. Who will support your training?

- b. What is her/his occupation?

- c. What is her/his average monthly income?

3. What are your hobbies and interests?

4. What are your health problems?

5. Are you currently staying with your family?

6. Is this your first time to study this language?

7. How interested are you in learning this language?

8. What are your plans after your training?

9. a. Are you currently employed?
() Yes () No
If yes, what is the name of your company?

- b. What if there is sudden change in your working schedule? What will you do if it there will be a conflict with you training schedule?

- c. If no, have you been pre-selected/ pre-qualified to work in a local or overseas company?
() Yes () No
- d. What if in the middle of the training program you have been hired for employment? What will you do?

10. How did you know about the language skills training programs of TESDA?
() Relative / friend
() Brochures/ flyers/ posters
() Radio
() Newspaper/ Ads
() TESDA website
() Others (Pls. specify)



TECHNICAL EDUCATION AND SKILLS
DEVELOPMENT AUTHORITY
NATIONAL LANGUAGE SKILLS INSTITUTE

Interview Sheet

NLSI FORM - 0003

Name: _____ Age: _____

Language Training Program: _____

11. Why did you choose to study this language?

12. a. Who will support your training?

- b. What is her/his occupation?

- c. What is her/his average monthly income?

13. What are your hobbies and interests?

14. What are your health problems?

15. Are you currently staying with your family?

16. Is this your first time to study this language?

17. How interested are you in learning this language?

18. What are your plans after your training?

19. a. Are you currently employed?
() Yes () No
If yes, what is the name of your company?

- b. What if there is sudden change in your working schedule? What will you do if it there will be a conflict with you training schedule?

- c. If no, have you been pre-selected/ pre-qualified to work in a local or overseas company?
() Yes () No
- d. What if in the middle of the training program you have been hired for employment? What will you do?

20. How did you know about the language skills training programs of TESDA?
() Relative / friend
() Brochures/ flyers/ posters
() Radio
() Newspaper/ Ads
() TESDA website
() Others (Pls. specify)

TRAINEE'S AFFIDAVIT OF UNDERTAKING

NLSI FORM - 0004

I, _____, (Name), _____, (Age), _____, (Address)

_____, enrolled in _____, after having been (Training Program)

oriented with the rules and regulations of the NATIONAL LANGUAGE SKILLS INSTITUTE, which I fully understood, I do hereby commit to do the following:

- 1. Participate actively in the Training Induction Program before the conduct of the training proper;
2. Properly fill-up in the Manpower Profile Database Form;
3. Attend the training program religiously, comply with the attendance requirements of the training program, and complete the training program;
4. Conduct myself in such a manner as not to bring disgrace or dishonor to TESDA and the Training Program;
5. Attend graduation ceremonies and other activities;
6. Participate actively in the career guidance and referral activities of the National Language Skills Institute; and
7. Not to change training program. Otherwise, I shall be disqualified from availing the training program.

In Witness Whereof, I am affixing my signature on this _____ day of _____, year 20__, Taguig City, Philippines.

Name / Signature

SUBSCRIBED AND SWORN TO BEFORE ME this _____ of _____ in the _____ affiant exhibiting to me his/her _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

NOTARY PUBLIC



Technical Education and Skills Development Authority
National Language Skills Institute

NLSI FORM - 0002

APPLICATION AND INFORMATION FOR NEW IDENTIFICATION CARD

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

TEL NO. : _____ MOBILE NO.: _____

EMAIL ADDRESS: _____ DATE OF BIRTH : _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME: _____ TEL NO. : _____

ADDRESS: _____



Technical Education and Skills Development Authority
National Language Skills Institute

NLSI FORM - 0002

APPLICATION AND INFORMATION FOR NEW IDENTIFICATION CARD

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____

TEL NO. : _____ MOBILE NO.: _____

EMAIL ADDRESS: _____ DATE OF BIRTH : _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

NAME: _____ TEL NO. : _____

ADDRESS: _____
