



APPLICATION FOR ACCREDITATION UNDER THE
DUAL TRAINING SYSTEM

CHECKLIST OF DOCUMENTARY REQUIREMENTS
Technical-Vocational Institutions and Establishments:

- 1. Application Letter (DTS Form 1A- for TVIs)
(DTS Form 1B – for Establishment)
- 2. Accomplished Application Form (DTS Form 2A -- for TVIs)
(DTS Form 2B – for Establishment)
- 3. Designation of the TVI's Industrial Coordinator (DTS Form 3)
- 4. Designation of the establishment's Training Coordinator (DTS Form 4)
- 5. Photocopy of the TVI's Certificate of Program Registration (CoPR)
- 6. Photocopy of the Establishment's SEC Registration
- 7. MOA between the TVI and the Establishment (Annex A)
- 8. Training Plan (DTS Form 5)
- 9. Training Agreement (Annex B)

DTS Form 1A

APPLICATION LETTER
(TVI)

Date

The Provincial Director/District Director
(Address)

Dear Dir. _____:

We are pleased to inform you of our institution's intent to adopt the Dual Training System. After having been oriented as to the advantages/benefits and salient features of the training modality, we have decided that it could further improve our capability to provide quality training for our students.

This is in cooperation with (name of establishment/s) as our partners in the effective implementation of the dual training system in accordance with the rules and regulations set by the Technical Education and Skills Development Authority (TESDA).

Your kind and generous consideration will be highly appreciated.

Respectfully yours,

Printed Name and Signature
(Head of TVI)

Printed Name and Signature
Position of Establishment
Representative

APPLICATION LETTER
(Establishment)

Date

The Provincial Director/District Director
(Address)

Dear Dir. _____:

We are glad to inform you of our establishment's intent to implement the Dual Training System. After having been oriented as to the advantages and salient features of the training modality, we have decided that it could prove to be an effective way of addressing our need for well-trained and highly competent manpower. This is in cooperation with (name of TVI), an accredited DTS institution.

The (name of establishment) is registered under the (government agency), and is primarily in the business of (nature of business). We understand that through this endeavor, we shall in turn be assisting (name of training institution) in ensuring that the trainees acquire the necessary exposure to actual work conditions.

Although both the establishment and (name of TVI) will be benefiting from DTS, we also understand that the ultimate goal of this venture is the education of our youth and the assurance of a brighter future for them.

Your kind and generous consideration will be highly appreciated.

Respectfully yours,

Printed Name and Signature
(Position of Establishment Representative)



Republic of the Philippines
TECHNICAL EDUCATION AND SKILLS
DEVELOPMENT AUTHORITY

DTS Form 2A
For TVI

Regional Office _____
Provincial/District Office _____

APPLICATION FOR ACCREDITATION UNDER THE
DUAL TRAINING SYSTEM

1. Name of School/Training Center		
2. Address		
3. Contact Person/ Designation		
4. Contact No.		
5. Program Title		
6. Certificate of Program Registration Number: Date Issued:	7. Program Duration:	
8. Name of Designated Industrial Coordinator:		

Submitted by:

Printed Name and Signature
(Head of TVI)

Date



Republic of the Philippines
**TECHNICAL EDUCATION AND SKILLS
 DEVELOPMENT AUTHORITY**

DTS Form 2B
 for
 Establishment

Regional Office _____
 Provincial/District Office _____

**APPLICATION FOR ACCREDITATION UNDER THE
 DUAL TRAINING SYSTEM**

1. Name of Establishment	
2. Address	
3. Contact Person/ Designation	
4. Contact No.	
5. Program Title	
6. Name of Designated Training Coordinator	

Submitted by:

 Printed Name and Signature
 (Position of Establishment Representative)

 Date

DTS Form 3

DESIGNATION OF INDUSTRIAL COORDINATOR

Date

Name of Establishment Representative
Name of Establishment
Position /Designation
Address

This is to designate Ms./Mr. _____ as Industrial Coordinator (IC) of (Name of TVI) to communicate/coordinate regularly with the Training Coordinator regarding the performance and behavior of the students/trainees and provide feedback to ensure the effective implementation of the Dual Training System Program.

Name of TVI Representative
(Position/Designation)

DTS Form 4

DESIGNATION OF TRAINING COORDINATOR

Date

Name of TVI Representative
Name of TVI
Position /Designation
Address

This is to designate Ms./Mr. _____ as Training Coordinator (TC) of (Name of Establishment) to communicate/coordinate regularly with the Industrial Coordinator regarding the performance and behavior of the students/trainees and provide feedback to ensure the effective implementation of the Dual Training System Program.

Name of Establishment Representative
Position/Designation

DTS Form 05

TRAINING PLAN

for _____
(Program Title)

COMPETENCIES	TRAINING PERIOD (Month/Year)		TRAINING DURATION (No. of Days)	
	TVI	Establishment	TVI	Establishment
Basic				
1.				
2.				
3.				
Common				
1.				
2.				
3.				
Core				
1.				
2.				
3.				
TOTAL				

Prepared by:

TVI Representative

Establishment Representative

Date: _____

Date: _____