



PRE-ASSESSMENT QUALIFICATION TOOL

ASSESSMENT AND CERTIFICATION OF YOUTH THROUGH RECOGNITION OF PRIOR LEARNING (R.P.L)

National Industrial Training Authority (NITA) is a regulatory body established under the Industrial Training Act, Cap 237 of the laws of Kenya. It is responsible for assessing Industrial training, testing occupational skills and awarding certificates including Government Trade Test Certificates (GTT) among other functions.

The state department of Youth Affairs has established that there are a number of disengaged youths who have competencies in varied trades as a result of apprenticeship but lack Formal Certification. Anchored on this argument target youth are undergo official registration process as stipulated in the form below:

PART 1: YOUTH BIO DATA

Personal Details	Mobile Phone No	ID/Cert. No.	4. Gender <i>(tick appropriately)</i>	
Full Name <i>(attach copy of your ID/Birth Certificate)</i>	1.		Male	<input type="checkbox"/>
	2.		Female	<input type="checkbox"/>
Date of Birth	Day.....Month.....Year.....			
Postal Address	Code	Town	County:	
			Sub-county:	
Physical Location (Nearest Market or Building):			Ward:	
Skill area <i>(e.g. Carpentry and Joinery, Motor vehicle mechanic etc.)</i>	Year of Experience in skill area <i>(Tick appropriately)</i>			
	Below 1 year	Between 1 to 2 years	2 to 5 years	Above 5 years

PART 2: Youth Educational Background (Academic/Professional)

Please indicate the level of education and training completed *(and attach copies of certificates where necessary)*

Level of Education	Training Period		Name of Institution	Certificate Acquired
	From	To		
Primary				
Secondary				
Any other Qualification (Certificate Diploma, Degree)				
None				



PART 3: Assessment method preference

Preferred method of Theory assessment <i>(Select one option appropriately)</i>		Preferred language of assessment	
Oral		Written	

Declaration: I hereby confirm that the details filled in the form above are true and correct to the best of my knowledge and I undertake to inform NITA of any changes therein, immediately.

Name: **Signed:** **Date:**

OFFICIAL USE:

No.	ITEM	COMMENT AND OBSERVATION MADE
1.	Business Environment/ Location/Accessibility	
2.	Capacity/Equipment/Safety	
3.	MC Experience	
4.	Number of youth recommended	

RECOMMENDATION:

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Name: **Signed:** **Date:**

Name: **Signed:** **Date:**