



**REGIONAL TRAINING CENTER – NCR**

Bldg. 14, Gate 2, TESDA Complex, East Service Rd., SLEX, Taguig City  
Email: training.rtcncr@tesda.gov.ph | Mobile No.: 0968-852-8204

**APPLICANT MONITORING FORM**

*Instructions: Fill out all the required information. Do not leave an item blank except for items to be filled out by TESDA Personnel. If the item is not applicable, indicate "N/A"*

**APPLICANT INFORMATION**

Applicant No. \_\_\_\_\_

<input checked="" type="checkbox"/>	LAST NAME	FIRST NAME	MIDDLE NAME	EXTENSION NAME
<input checked="" type="checkbox"/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Contact No.	<input checked="" type="checkbox"/> Email Address:	
<input checked="" type="checkbox"/>	Highest Educational Attainment:			
<input checked="" type="checkbox"/>	Employment Status: <input type="checkbox"/> Wage-Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed	<input checked="" type="checkbox"/> Job Title/ Occupation/ Profession (if any):		
<input checked="" type="checkbox"/>	Current Complete Address:			
<input checked="" type="checkbox"/>	Existing TESDA National Certificate (if any):	<input checked="" type="checkbox"/> Previous TESDA Training Attended (if any):		
<input checked="" type="checkbox"/>	Title of Training Program/ Qualification Enrolling to:			
<input checked="" type="checkbox"/>	Initial Date of Application:			

**TRANSACTION MONITORING (To be filled out by the TESDA Personnel)**

	Process/ Steps	Date & Time Accommodated	Status	Person In-charge
1	Qualifying Exam [Final Passing Score: OLT ___ TNT ___ TLT ___ No. of Attempt/s: _____]			
2	Learner's Profile Form (MIS 03-01) and/or Biometric-enabled Registration System (BSRS) Registration			
3	Enrollment Screening			
4	Submission of Training Requirements			
5	TESDA Online Program: Practicing Covid-19 Preventive Measures in the Workplace			
6	Additional requirements, please specify:			

**SCREENING RESULT (To be filled out by the TESDA Personnel)**

<input type="checkbox"/> Qualified	<input type="checkbox"/> Not Qualified
Remarks: _____	
_____	_____
SIGNATURE OVER PRINTED NAME	DATE ACCOMPLISHED

**REGIONAL TRAINING CENTER – NCR  
ADMISSION SLIP**

<input checked="" type="checkbox"/>	Name of Applicant:
<input checked="" type="checkbox"/>	Course/ Qualification Enrolling in:
<input checked="" type="checkbox"/>	Date of Application:
_____	_____
Printed Name & Signature of Processing Officer	<input checked="" type="checkbox"/> Signature of Applicant

Note: Please present this admission slip to your trainer on the first day of your class.

**PRE-SCREENING INTERVIEW SHEET**

Instructions: Read the questions carefully. Please use the space provided for your answers. You may answer in English or Tagalog. *Basahin at unawain ang mga katanungan. Ilagay ang iyong sagot sa ibinigay na puwang. Maaari kang sumagot ng Ingles o Tagalog.*

<input checked="" type="checkbox"/>	1. What is your reason for choosing the Training Program you are applying for? <i>Bakit mo napili ang programa na iyong inaaplyan?</i>	
<input checked="" type="checkbox"/>	2. What are your plans after the training? <i>Ano ang iyong plano pagkatapos ng training?</i>	
<input checked="" type="checkbox"/>	3. Do you have a pre/existing health condition that will affect the training? <i>Mayroon ka bang dati/kasalukuyang karamdaman na makakaapekto sa training?</i>	<input type="checkbox"/> YES (Meron) <input type="checkbox"/> NO (Wala)   Kung meron. Ano ito?
<input checked="" type="checkbox"/>	4. Do you have any work experience prior to your training application? If yes, please specify the position. <i>Ikaw ba ay may karanasan sa pagtrabaho? Ano ang naging trabaho?</i>	<input type="checkbox"/> YES (Meron) <input type="checkbox"/> NO (Wala)   Kung meron. Ano ito?
<input checked="" type="checkbox"/>	5. Who will support your training? <i>Sino ang magsusuporta sa iyong pag-aaral, pinansyal/moral?</i>	
<input checked="" type="checkbox"/>	6. How did you find the Training Program of TESDA? <i>Paano mo nalaman ang mga Programa ng TESDA?</i>	

Instructions: Read the questions carefully. Put a check ( / ) in the box of your preferred answer. *Basahin at unawain ang mga katanungan. Lagyan ng tsek ( / ) ang kahon ng iyong napiling sagot.*

	YES	NO
<input checked="" type="checkbox"/> Are you currently enrolled in any Training Program/ Course in TESDA or other institution? <i>Ikaw ba ay kasalukuyang naka enroll sa anumang Training Program/ Course sa TESDA o sa ibang institusyon?</i>		
<input checked="" type="checkbox"/> Do you have a knowledge of the Training program you are applying for? <i>Ikaw ba ay may dating kaalaman patungkol sa programa na iyong inaaplyan?</i>		
<input checked="" type="checkbox"/> Are you willing to participate in all the TESDA (as required) activities? <i>Ikaw ba ay sang-ayon na makilahok sa mga aktibidad ng TESDA? e.g., graduation, seminar, emergency drills, etc.</i>		
<input checked="" type="checkbox"/> Are you willing to be featured in the Social Media Accounts and/or Success Stories of the Training Center? <i>Ikaw ba ay sang-ayon na itampok sa Social Media Accounts o Success Stories ng Training Center?</i>		
<input checked="" type="checkbox"/> Are you committed to finishing the Training Program you are applying for? <i>Ikaw ba ay nakatuon na matatapos ang programa na iyong inaaplyan?</i>		
<input checked="" type="checkbox"/> Are you committed to following the rules and regulations set by the Training Center? <i>Ikaw ba ay nakatuon sa pagsunod sa mga patakaran at regulasyon ng Training Center?</i>		

This is to certify that the information stated above is true and correct.

\_\_\_\_\_  
APPLICANT'S SIGNATURE OVER PRINTED NAME

\_\_\_\_\_  
DATE ACCOMPLISHED

Noted by:

**JEAN MAURICE R. CONSTANTINO**  
Registrar

\_\_\_\_\_  
DATE ACCOMPLISHED