

4. Other Training/Seminars Attended (National Qualification-related)

4.1. Title	4.2. Venue	4.3. Inclusive Dates	4.4. No. of Hours	4.5. Conducted By

(For more information, please use separate sheet)

5. Licensure Examination(s) Passed

5.1. Title	5.2. Year Taken	5.3. Examination Venue	5.4. Rating	5.5. Remarks	5.6. Expiry Date

(For more information, please use separate sheet)

6. Competency Assessment(s) Passed

6.1. Title	6.2. Qualification Level	6.3. Industry Sector	6.4. Certificate Number	6.5. Date of Issuance	6.6. Expiration Date

(For more information, , please use separate sheet)

ADMISSION SLIP

REFERENCE NUMBER :

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Name of Applicant:

Tel. Number:

Assessment Applied for:

Official Receipt Number:

Date Issued:

To be accomplished by the Processing Officer

Name of Assessment Center:

Check submitted requirements:

Remarks:

- Accomplished Self-Assessment Guide
- Three (3) pieces colored passport size pictures

- Bring own Personal Protective Equipment
- Others. Pls. specify

Assessment Date:

Assessment Time:

PICTURE
(colored,
passport
size)

Printed Name & Signature of Processing Officer

Printed Name & Signature of Applicant

Date:

Date:

Note: Please bring this Admission Slip on your assessment date.