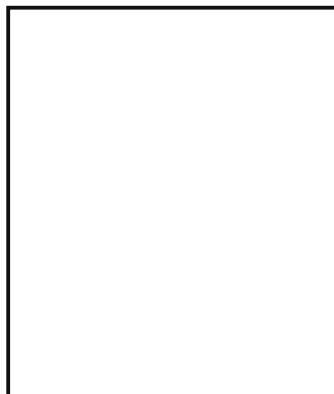




NATIONAL APPRENTICESHIP PROGRAMME

Prospective Trainer Application Form



PERSONAL INFORMATION

1. Full Name: _____

2. Date of Birth: _____

Gender:

☐

Male

☐

Female

3. Nationality: _____

4. Contact Address: _____

City: _____ Region: _____

5. Phone Number: _____

6. Email Address: _____

7. Ghana Card/Identification Number: _____

PROFESSIONAL QUALIFICATION & CREDENTIALS

8. Highest Educational Qualification:

☐

NVTI Certificate

☐

Technical/Vocational Diploma

☐

HND

☐

University Degree

☐

Master Craftsperson

Other: _____

9. Years of Experience in Trade/Profession:

10. List of Relevant Certifications/Licenses (attach copies)**

APPRENTICESHIP/TRAIN CAPACITY

11. Area(s) you wish to train apprentices in:

☐ Agriculture & Agro-processing

☐ fish farming ☐ irrigation ☐ honeyproduction food preservation

2. ☐ Craftsmanship & Artisanal Trades

☐ masonry ☐ carpentry ☐ tiling ☐ electrical works plumbing

3. ☐ Traditional Crafts

☐ weaving ☐ beadwork ☐ leatherworks ☐ blacksmithing pottery

4. ☐ Fashion & Beauty

☐ dressmaking ☐ hairdressing ☐ barbering makeup artistry

5. ☐ Manufacturing

☐ welding ☐ industrial maintenance ☐ furniture making robotics basics

6. ☐ Renewable Energy

☐ solar PV ☐ biogas ☐ recycling ☐ energy efficiency repairs

7. ☐ Hospitality & Tourism

☐ culinary arts ☐ hotel management ☐ eco-tourism event planning

8. ☐ Automotive

☐ engine repair ☐ vehicle diagnostics ☐ electric vehicle servicing

9. ☐ ICT & Digital Services

☐ software development ☐ data analysis ☐ digital marketing

☐ mobile phone repairs

13. Maximum Number of Apprentices You Can Train at Once:

TRAINING FACILITY DETAILS

14. Facility/Workshop Name:

15. Facility Address:

City: _____ Region: _____

16. Type of Facility:

- ☐ Private Workshop
- ☐ Company/Factory
- ☐ Training Centre
- ☐ Other(Specify): _____

17. Do you own or lease the facility?

- ☐ Own
- ☐ Lease
- ☐ Other(Specify): _____

18. Description of Tools, Equipment and Infrastructure available:

19. Is your facility accessible to persons with disabilities?

- ☐ Yes
- ☐ No

If "No," what reasonable accommodations can you provide?

PREVIOUS APPRENTICESHIP/TRAINING EXPERIENCE (if any)

20. Have you trained apprentices before?

☐ Yes ☐ No

If yes, please provide details:

Number of Apprentices Trained: _____

Years of Experience as Trainer: _____

Any awards or recognitions received? _____

REFERENCES

21. Reference 1:

- Name: _____
- Relationship: _____
- Contact Number: _____

22. Reference 2:

- Name: _____
- Relationship: _____
- Contact Number: _____

DECLARATION

I hereby declare that the information I have provided is accurate and true.
I understand that providing false information may lead to my disqualification
as a trainer under the National Apprenticeship Programme.

Signature: _____

Date: _____

REQUIRED ATTACHMENTS

- Photocopy of ID (Ghana Card, Passport, etc.)
- Copies of academic, professional, and technical certificates
- Proof of facility (photos, lease/ownership documents)
- Any supporting documents (recommendation letters, awards, etc.)

SUBMISSION INSTRUCTIONS

Return completed form and attachments to:

- The nearest National Youth Authority Regional/District Office
- Submit via email: napapply@nya.gov.gh

Thank you for your interest in supporting skills development in Ghana!