**Vocational Education Financing Facility (VEFF) – Phase II**

CONTACT FORM

Recommendations before submission of the Form

|  |  |
| --- | --- |
| Date  |   |

|  |  |
| --- | --- |
| **Name of applicant Institution** |  |
| **Address (town/ province)** |  |
| **Website / Facebook page** |  |
| **Main contact person** |  |
| **Phone number** |  |
| **E-mail address** |  |
| **Creation Year** |  |
| **Status** | 🞏 Public institute | 🞏 Private institute | **Accrediting institution**  | 🞏 MoES | 🞏 MoLSW |
| **Number of Staff** | Teachers |  | Admin |  | Others |  |

**DCT (Dual Cooperative Training) experience**

|  |  |
| --- | --- |
| **Past DCT experiences** | 🞏 No experience in Dual Cooperative Training |
| 🞏 Some programs*(1 to 5)* | Name some DCT experiences implemented *(year, companies, type of training)* |
| 🞏 Several programs *(More than 5)* |
| **Name and contact of internal DCT Coordinator** |  |

**Main partnering Companies contact details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Company 1** | **Company 2** | **Company 3** | **Company 4** | **Company 5** |
| Name |  |  |  |  |  |
| Location (town, province) |  |  |  |  |  |
| Address |  |  |  |  |  |
| Website (if any) |  |  |  |  |  |
| Main contact person |  |  |  |  |  |
| Phone number |  |  |  |  |  |
| E-mail address |  |  |  |  |  |
|  |  |  |  |  |  |
| Form of enterprise*(Private / public)* |  |  |  |  |  |
| Registration with*(district, ministry…)* |  |  |  |  |  |
| Actual number of staff |  |  |  |  |  |
| Sector / Activity |  |  |  |  |  |
| More precisely? |  |  |  |  |  |

Please name any other partner who will take an active role on the programme implementation. This could, for example be the relevant Trade Working Group (TWG) or business association.

Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DCT program description**

Please state details around the course for which DCT measure shall be implemented:

|  |  |
| --- | --- |
| **Economic sector** |  |
| **Occupation to be trained** |  |
| **Approved DCT curricula for occupation**  |  |
| **Name of course** |  |
| **Target qualification level in NVQF[[1]](#footnote-2)****(9+3/L4; 12+2/L4; 12+3/L5)** |  |
| **Estimated number of trainees under the future DCT program** | **Total**: \_\_\_\_\_ Male : \_\_\_\_\_ Female : \_\_\_\_\_ |
| **Estimated trainees per company** | Company 1: \_\_\_ Company 2: \_\_\_ Company 3: \_\_\_Company 4: \_\_\_ Company 5: \_\_\_ Others: \_\_\_\_ |
| **Intended percentage of time dedicated to practical training in the course (please differentiate by course year) / of this in enterprise** | Year 1: \_\_ %Year 2: \_\_ %Year 3: \_\_ % (*if applicable*) |

What do you expect with this DCT program implementation ?

With this signature, we would like to express our interest to implement the proposed DCT programme in cooperation with VEFF.

The envisaged DCT partners:

**Name, position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**INTERNAL EVALUATION GRID**

Reception date:

VTI :

Companies:

**First level screening**

|  |  |  |
| --- | --- | --- |
| **Criteria** | ***YES*** | ***NO*** |
| The VTI is accredited with either MoES or MoLSW |  |  |
| All enterprises are duly registered |  |  |
| DCT program is eligible for potential VEFF support |  |  |
| Minimum number of trainees is reached |  |  |

In case of NO, in one of the criteria, contact VTI to ask for clarification or amendment.

|  |  |  |
| --- | --- | --- |
| **Guidance for DCT advisors** | ***YES*** | ***NO*** |
| Encouragement for higher female participation is needed |  |  |
| Encouragement for more Green and / or Digital technologies orientation is needed |  |  |

**DCT experience**

|  |  |  |
| --- | --- | --- |
| Experience of VTI in DCT | ***YES*** | ***Support needed*** |
| **High***(several projects implemented, some with VEFF)* |  | *Limited* |
| **Medium***(One or two projects already implemented)* |  | *Full* |
| **Low***(No DCT experience)* |  |

**RESULT**

🞏 **Mobilisation of a DCT advisor**.

Transferred to: M./Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Follow up to implement*

🞏 **Non eligible**, information provided to applicant with reasons

🞏 **Postponed**, waiting for additional information

1. National Vocational Qualification Framework [↑](#footnote-ref-2)