GHANA TECHNICAL VOCATIONAL EDUCATION AND TRAINING

WORKPLACE EXPERIENCE LEARNING PLACEMENT FORM

GHANA TECHNICAL VOCATIONAL EDUCATION AND TRAINING
WORKPLACE EXPERIENCE LEARNING PLACEMENT FORM

LEARNERS DETAILS:

Surname:.....

First Name:.....

Birth Date.....

Name of Training Provider: ST. THERESA'S TECH- CHINDERI

Address:.....

.....

Telephone: 0246475199

Name & contact of TP's Industrial Liaison Officer: M.K. FRANCIS DARKO 0240357293

.....

Learner's Programme Name and Level:.....

BUSINESS/INDUSTRY DETAILS

PRIVACY INFORMATION: The information provided on this form is for the administration of Workplace Experience Learning (WEL) arrangements only and not to be used for any other purpose. Health information will be provided if the learner has a medical condition or requires medication that may be relevant to the placement. This information must be kept confidential

Business/Industry name:.....

Address:.....

Telephone:.....

Type of Business/Industry Primary activity at workplace:.....

CamScanner

Activities the learner will undertake (*see attached*)

Workplace Learning hours from. am/pm to. am/pm;

Monday Tuesday Wednesday Thursday Friday

From (commencement date) to (completion date) Total number of days 90

EMPLOYER ACKNOWLEDGEMENT [Employer to sign]

I, [name of individual or on behalf of the business/industry] agree that:

1. I understand occupational health and safety legislation and standards relevant to the conduct of my undertaking WEL and will comply with these laws and standards with respect to the learner as if the learner were my employee.

2. I will identify all hazards relevant to the conduct of my undertaking and will assess and control all related risks. If I have not controlled all related risks, I will inform the TVET Provider of this fact prior to the WEL period commencing.

3. I will ensure that the required planning, induction/orientation, supervision and safe systems of work are provided for the learner to maintain a safe and healthy WEL programme at all times.

4. I will consider the competency, maturity and physical capabilities of the learner in relation to all activities he or she will undertake. The learner's programme of activities will be planned and carried out with these considerations in mind.

5. I will nominate a supervisor (or supervisors) of the learner who will be responsible for ensuring that my obligations as the learner's WEL provider are carried out.

6. I will provide appropriate information, training, instruction and supervision to the learner in respect of occupational health and safety

CamScanner

and will provide any equipment and/or clothing which is required to comply with my duty of care toward the learner.

7. I will ensure that the WEL programme is undertaking a non-discriminatory and harassment free environment.

8. I will permit access to the workplace and contact with the learner by the TVET Provider's Head or their representative at any reasonable time during the WEL period.

9. I will ensure that the WEL arrangement is not used as a substitute for the employment of learners.

10. I will notify the staff-in charge of the WEL programme as soon as is possible if the learner is absent, injured or becomes ill in the course of undertaking the WEL programme.

11. I will consult with the staff-in-charge of WEL programme if I consider it necessary to terminate the arrangement before the specified time.

I understand and accept the responsibilities set out above. Following the principal's review of these details, I understand that he or she can determine whether or not the learner will undertake the WEL programme proposed here.

Signature ..... Date .....

CamScanner

I ..... (Name of learner) agree to take part in this WEL Arrangement and to:

1. Carry out all reasonable and lawful directions of the business/industry and perform my work to the best of my ability;
2. Comply with all reasonable workplace rules and requirements governing safety and behavior;
3. Attend at the workplace on each day at the agreed time;
4. Inform both my WEL supervisor and the staff-in-charge of my WEL programme as soon as possible if i am unable to attend work;
5. Promptly inform the WEL supervisor of any accident, injury or incident that may occur;
6. Dress appropriately for the workplace.

I agree that the business/industry is not obliged to pay me any salary during WEL.

I acknowledge that prior to entering into this arrangement I have completed the occupational health and safety programme that is part of the accredited training programme that I am undertaking.

Learner's signature: ..... Date: 6/08/2026

PARENT/GUARDIAN AGREEMENT & CONSENT (Not necessary if the learner is over 18 years)

I ..... (Name of parent or guardian) consent to my child taking part in this WEL arrangement and I:

1. Agree that he or she will be subject to the direction and control of the business/industry and nominated workplace supervisor (s);
2. Understand that all reasonable care for the health and safety of my child will be taken by the business/industry and nominated work place supervisor (s);
3. Give consent for my child to undertake vehicle travel with the business/industry or nominated workplace supervisor(s) if this is required to move from one work location to another in the course of the WEL programme;

CamScanner

4. Understand that I will be notified as soon as possible in the event of illness or accident, but where it is impracticable to communicate with me I authorise the person in charge at the workplace to consent to my child receiving such medical and surgical treatment (including the administration of an anaesthetic) as may be deemed necessary by a legally qualified medical practitioner;

5. Expect my child to comply with all reasonable workplace rules and requirements governing safety and behaviour

Attach details of any known medical condition which may affect my child and any medication or treatment which may be relevant. I understand that the TVET Provider's Head can determine whether or not my child will undertake WEL

Signature of Parent or Guardian: ..... Date: 22/09/2026

(Attach details of any known medical condition which may affect this learner and any medication or treatment which may be relevant.)

TRAINING PROVIDER' CONSENT

I Head or ...St. Theresa's Institute (name Training Provider) enter into an arrangement for the above-named learner to be engaged for the purpose of WEL by the business/industry named above in accordance with the provisions of the MoA arrangements on the basis of the information provided above. I confirm that I have informed the business/industry as to whether this Training Provider holds insurance for the learner. I confirm that the above-mentioned learner has undertaken the required occupational health and safety programme prior to entering into this arrangement.

Head Training Provider's signature: ..... Date: .....06-03-26...

CamScanner

C. ATTITUDE TO WORK		
13. Attendance to work	0 1 2 3 4 5	
14. Punctually	0 1 2 3 4 5	
15. Desire to work	0 1 2 3 4 5	
16. Willingness to accept new ideas	0 1 2 3 4 5	
D. HUMAN RELATIONS		
17. Relationship with subordinates	0 1 2 3 4 5	
18. Group work	0 1 2 3 4 5	
19. Relation with superior	0 1 2 3 4 5	
20. Attitude control	0 1 2 3 4 5	

TOTAL SCORE: .....

GENERAL REMARKS: .....

.....

.....

NAME OF SUPERVISOR: .....

SIGNATURE/STAMP: .....

CamScanner

GHANA TVET SERVICE

ST. THERESA'S TECHNICAL INSTITUTE

P. O. BOX CD 3

CHINDERI-KRACHI NCHUMURU O/R

Tel:0242540055/0542804755

Email: st.theresastech@gmail.com

INDUSTRIAL ATTACHMENT ASSESSMENT FORM

Our Ref: Your Ref:

NAME: .....

PROGRAMME/COURSE: .....

YEAR AND DURATION(ATTACHMENT): .....

NAME AND ADDRESS OF ORGANIZATION/INDUSTRY/COMPANY:.....

.....

JOB(S) ASSIGNED TO TRAINEE: .....

Direction: Please, indicate by means of circle the degree to which the trainees measure up you areas stated below, mail completed form to "Industrial Liaison Officer" St. Theresa's Technical Institute P. O. Box CD3, Chinderi, Oti Region Ghana.

COMPETENCES	0. ABSENT 1. WEAK 2. BELOW AVERAGE 3. MINIMUM 4. GOOD 5.OUTSTANDING	COMMENTS
A. SPECIAL SKILL (Skills related to work assigned)		
List them		
1.	0 1 2 3 4 5	
2.	0 1 2 3 4 5	
3.	0 1 2 3 4 5	
4.	0 1 2 3 4 5	
B. GENERAL EMPLOYMENT SKILLS		
5. Ability to complete work on schedule	0 1 2 3 4 5	
6. Ability to follow instructions carefully	0 1 2 3 4 5	
7. Ability to take initiatives	0 1 2 3 4 5	
8. Ability to work with little supervision	0 1 2 3 4 5	
9. Ability to work with other staff/workers	0 1 2 3 4 5	
10. Adherence to organization's rules and regulations	0 1 2 3 4 5	
11. Adherence to safety and environmental rules and regulations	0 1 2 3 4 5	
12. Resourcefulness	0 1 2 3 4 5	

CamScanner

WELL Facilitator's Name & Signature:				**Date:**
WEL supervisor's Comment:				
WEL Supervisor's Name & Signature:				**Date:**

Learning Outcome3: Relate effectively with others in plaining and

Undertaking workplace experience activity

(a) Observe work practices closely
(b) Listen attentively to instructions and accept them in a positive manner
(c) Seek advice and assistance when required
(d) Work cooperatively with others
(e) Modify behaviour appropriately to meet the needs of different situation

CamScanner

POST WEL ASSESSMENT BY WEL FACILITATOR

This should be competed by the WEL Facilitator immediately after WEL, just before the Learner retunes to the TVET Provider

While the Learner was with you, did you observe the following? In the table below tick() under 'Yes' or 'No' if the Learner did not do the followin

WEL report	Yes
1 Carried out allocated task under supervision as agreed with the supervisor	
2 Complied with times of attendance	
3 Complied with company safety	
4 Complied with company guideline on the use of tools	
5 Complied with company guideline on the use of equipment	
6 Complied with company guideline on the use of machine	
7 Observed health, safety and hygiene requirement at all times	
8 Observed work practices attentively	
9Listened attentively to instructions and accepted them in a positive manner	
10 Seek advice and assistance with others	
11 Modified behaviour appropriately to meet the needs of different situation	
Learner's Signature:	**Date:**
WEL Facilitator's Comments:	
WEL Facilitator's Name & Signature:	**Date:**
WEL Supervisor's Comments	
WEL Supervisor's Name & Signature: **Company stamp:**	**Date:**

CamScanner

WEEKLY TRAINING LOGSHEET

Learner's Name:.....

Name of TVET Provider:..ST. THERESA'S - TECHNICAL CHINDERI

Name of Company & Region:.....

Qualification Level:.....

Month & Year:..4 WEEKS

WEEK	Date: Start time: End time: Total time:	Describe key tasks/ activities performance for the week (Eg. Dismantling and assembling of a machine)	Skill Demonstrated Eg. Movement of the machine from one location to another	Remarks
ONE (1)				
Two (2)				
THREE (3)				
FOUR (4)				
FIVE (5)				
Learner' Signature:				**Date:**
WLL Facilitator's Comments:				

CamScanner

C. ATTITUDE TO WORK		
13. Attendance to work	0 1 2 3 4 5	
14. Punctually	0 1 2 3 4 5	
15. Desire to work	0 1 2 3 4 5	
16. Willingness to accept new ideas	0 1 2 3 4 5	
D. HUMAN RELATIONS		
17. Relationship with subordinates	0 1 2 3 4 5	
18. Group work	0 1 2 3 4 5	
19. Relation with superior	0 1 2 3 4 5	
20. Attitude control	0 1 2 3 4 5	

TOTAL SCORE: .....

GENERAL REMARKS: .....

.....

.....

NAME OF SUPERVISOR: .....

SIGNATURE/STAMP: .....

CamScanner