INDUSTRIAL TRAINING FU

STUDENTS COMMENCEMENT OF ATTACHMENT FORM

(SCAF)

Institution: ITF ..... Area Office

Name of Organization: ..... Phone Number of Organization: .....

..... E-mail of Organization: .....

Location Address: .....

S/No.	Name of Student	Metric N x:	Course of Study and Year/Level	Period of Attachment in Months	Date of Comme cement	Date of Completion

NOTE ... is to be Completed and sent ... est ... Area ... ffice

INDUSTRIAL TRAINING FUND

MIANGO ROAD, P.M.B. 2199, JOS

STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME
END OF YEAR PROGRAM REPORT SHEET

PART A (To be completed by the Student)

1. (a) Name in full:.....
   (b) Registration/Matriculation Number:.....
   (c) Course of Study:..... Year of Study.....
   (d) Name of Institution:.....

2. (a) Name and Address of the Company/Establishment of attachment
   .....
   (b) Department/Section:.....
   (c) Period of Attachment. From..... To:.....
   Number of weeks:.....

3. Brief outline of experience of training provided:.....
   .....
   .....
   .....
   .....
   .....
   .....
   .....

4. (a) Where were you attached last? (if applicable):.....
   .....
   (b) Total Number of weeks engaged in industrial attachment:.....

Signature of Student:..... Date:.....

PART B (To be completed by the Employer)

Do you agree with The student comments in item 3 in part A? Yes/No.

If No, please comment:.....
.....

6. Please assess the Students overall performance by ticking the appropriate box as provided.

   VERY GOOD ☐ GOOD ☐ SATISFACTORY ☐ POOR ☐

7. Will you accept the Student in any future attachment? YES/NO if No, please comment:

   .....

   .....

8. Is your Company or Establishment in a position to offer this Student a job in future?

   .....

   .....

9. Name of Reporting Officer:.....

   Designation/Rank:.....

   E-mail Address:..... Phone No:.....

   Signature/Stamp:..... Date:.....

N.B: Forms duly completed by employers should be forwarded to/collected by the respective Institutions under seal.

PART C (To be completed by the Institution)

10. Indicate number of visits:.....

11. Give your assessment of the facilities provided by company during visit(s) by ticking

    STANDARD ☐ ADEQUATE ☐ RELEVANT ☐ NOT RELEVANT ☐

12. Give your impression of the Student's involvement in training: FULLY/PARTIALLY:

    .....

    .....

    .....

    .....

    .....

13. Assessment of Student's Performance (Grading A, B, C or D has to be stated)

    .....

    .....

    .....

    .....

    .....

    Full Name of Supervisor:..... Status.....

    Department/Discipline:

    .....

    E-mail Address:..... Phone No:.....

    Signature/Stamp:..... Date:.....

N.B. This form is to be returned to the ITF on completion by the respective Institution under seal