



**TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION COUNCIL
(TVET CDACC)**

TVET CDACC APPLICATION FOR DEPLOYMENT FORM

PUBLIC SERVICE TRAINERS DEPLOYMENT, 2024

TVET CDACC is looking for suitable Public Service trainers from State Department for TVET as approved by the Principal Secretary State Department for TVET for deployment to TVET CDACC. The trainers will be deployed for period of one year renewable on satisfactory performance. Deployments will be in the Departments of Research, Curriculum Development and Assessment and Certification

Interested candidates who meet the criteria are required to download this form and complete all sections in **BLOCK** letters as appropriate, scan and submit via the Council's email address: recruitment@tvetcdacc.go.ke (Do not attach any certificates or testimonials). In addition, kindly fill in similar application details into the TVET CDACC online portal found in the website www.tvetcdacc.go.ke/vacancies

Kindly note that picture format will not be accepted for consideration.

Criteria for selection is provided in the Council's website. Kindly, peruse the criteria to see where you're best suited to apply.

1. Position applied for: (Kindly select ONLY one)

- | | |
|---------------------------------|--------------------------|
| 1. Research | <input type="checkbox"/> |
| 2. Curriculum Development | <input type="checkbox"/> |
| 3. Assessment and certification | <input type="checkbox"/> |

2. Bio data: Kindly Fill your Personal data

1. Full name: _____
(Surname) (First Name) (Other Name(s))

2. ID Number: _____

3. Gender: Male Female

4. Date of Birth(dd-mm-yyyy): _____

5. Age Bracket:

- i. (Below 30)
- ii. (31-34)
- iii. (35-39)
- iv. (40-44)
- v. (45-49)
- vi. (50-54)
- vii. (Above 55)

6. Public Service Number (PF. No.) _____

7. Phone number: _____

8. Email address: _____

9. County of Birth: _____

10. County of employment: _____

11. Ethnicity as declared by PSC: _____

12. Current working institution/station: _____

13. Trainer registration number: _____

14. Date of 1st appointment by PSC/TSC: _____

15. Area of specialization: _____

16.a) Are you a person living with disability?: Yes No

b) If yes to (16a) specify: _____

17 a) Do you have experience in working with people living with disability?

Yes No

b) If yes to (17a) specify: _____

3. Academic/Professional Qualification

1. Ph.D. (*This will be an added advantage*)

Year of award: _____

Awarding University: _____

Area of specialization: _____

2. Master's Degree (*Mandatory requirement*)

Year of award: _____

Awarding University: _____

Area of specialization: _____

3. Bachelor's Degree /Higher National Diploma (HND) (*Mandatory requirement*)

Year of award: _____

Awarding University/Institution: _____

Area of specialization: _____

4. Post Graduate Diploma in Education (PGDE)/ Diploma in Technical Teacher/Trainer Education (*where applicable*)

Year of award: _____

Awarding Institution: _____

4. Competency Based Education Training (CBET) and Competency Based Assessment Training (CBA)

1. CBET / CBA Training

1. Date trained: _____

2. Institution that trained you: TVET CDACC KSTVET Other

If other specify: _____

3. Year trained: _____

2. Testimonial

1. Have you developed assessment tools for TVET CDACC or any other examining body? Yes No

For another examining body specify _____

2. Have you coordinated development of assessment tools? Yes No

3. Have you been involved in monitoring of TVET CDACC assessment process?

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- Yes No
4. Have you been involved in TVET CDACC assessment marking process? Yes No
5. Have you done assessment invigilation? Yes No
6. Are you a CBET Champion in your institution? Yes No
7. Have you ever been an assessment centre Manager? Yes No
8. Have you been involved in validation of assessment tools for TVET CDACC or any other examining body? Yes No
- For another examining body specify _____
9. Have you developed any curriculum? Yes No
10. Have you done verification of practical assessment? Yes No
11. Have you developed an examination timetable or a teaching timetable

5. Working Experience

1. How long have you been a trainer? (*Indicate number of years*) _____
2. What are your current and previous responsibilities in the institution (*Tick as appropriate*)
- i. Registrar
 - ii. Dean of students
 - iii. CBET Champion
 - iv. Examination officer
 - v. Head of department
 - vi. Industrial liaison officers(ILO)
 - vii. Centre manager
 - viii. Any other(s) specify _____

6. Declaration

I certify that the particulars given on this form are correct and I understand that any incorrect/misleading information may lead to disqualification/legal action.

Kindly check this box to certify the information is correct

Date: _____
(dd-mm-yyyy)

Signature of the Applicant

