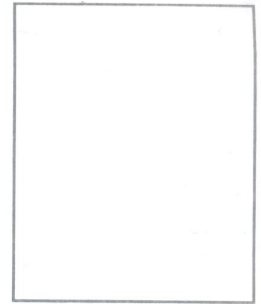


ITF FORM 8

# 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.