

4. Learner/Trainee/Student (Clients) Classification:

<input type="checkbox"/> 4Ps Beneficiary	<input type="checkbox"/> Agrarian Reform Beneficiary	<input type="checkbox"/> Balk Probinsya
<input type="checkbox"/> Displaced Workers	<input type="checkbox"/> Drug Dependents Surrenderers/Surrenderers	<input type="checkbox"/> Family Members of AFP and PNP Killed-in-Action
<input type="checkbox"/> Family Members of AFP and PNP Wounded in-Action	<input type="checkbox"/> Farmers and Fishermen	<input type="checkbox"/> Indigenous People & Cultural Communities
<input type="checkbox"/> Industry Workers	<input type="checkbox"/> Inmates and Detainees	<input type="checkbox"/> MILF Beneficiary
<input type="checkbox"/> Out-of-School-Youth	<input type="checkbox"/> Overseas Filipino Workers (OFW) Dependents	<input type="checkbox"/> RCEF-RESP
<input type="checkbox"/> Rebel Returnees/Decommissioned Combatants	<input type="checkbox"/> Returning/Repatriated Overseas Filipino Workers (OFW)	<input type="checkbox"/> Student
<input type="checkbox"/> TESDA Alumni	<input type="checkbox"/> TVET Trainers	<input type="checkbox"/> Uniformed Personnel
<input type="checkbox"/> Victim of Natural Disasters and Calamities	<input type="checkbox"/> Wounded-in-Action AFP & PNP Personnel	<input type="checkbox"/> Others: _____ (Please Specify)

5. Type of Disability (for Persons with Disability Only): To be filled up by the TESDA personnel

<input type="checkbox"/> Mental/Intellectual	<input type="checkbox"/> Visual Disability	<input type="checkbox"/> Orthopedic (Musculoskeletal) Disability
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Multiple Disabilities, specify
<input type="checkbox"/> Psychosocial Disability	<input type="checkbox"/> Disability Due to Chronic Illness	<input type="checkbox"/> Learning Disability

6. Causes of Disability (for Persons with Disability Only): To be filled up by the TESDA personnel

<input type="checkbox"/> Congenital/Inborn	<input type="checkbox"/> Illness	<input type="checkbox"/> Injury
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7. Name of Course/Qualification

8. If Scholar, What Type of Scholarship Package (TWSP, PESFA, STEP, others)?

9. Privacy Disclaimer

I hereby allow TESDA to use/post my contact details, name, email, cellphone/landline nos. and other information I provided which may be used for processing of my scholarship application, for employment opportunities and for the survey of TESDA programs.

Agree Disagree

10. Applicant's Signature

This is to certify that the information stated above is true and correct.

APPLICANT'S SIGNATURE OVER PRINTED NAME

DATE ACCOMPLISHED

1x1 picture taken
within the last 6
months

Noted by:

REGISTRAR/SCHOOL ADMINISTRATOR
(Signature Over Printed Name)

DATE RECEIVED

Right Thumbmark