

MINISTRY OF EDUCATION & HUMAN RESOURCES

**Skills Development Programme 2005-2006
for
Unemployed Degree and Diploma Holders**

EMPLOYER REGISTRATION FORM

For Office Use:
EMPLOYER NO: _____

1. NAME OF ORGANISATION	
2. CATEGORY OF ORGANISATION <i>(Please tick appropriately)</i>	Ministry <input type="checkbox"/> Government Dept/Division <input type="checkbox"/> Parastatal <input type="checkbox"/> Private <input type="checkbox"/>
3. AREA OF ACTIVITY	
4. NUMBER OF EMPLOYEES IN ORGANISATION	
5. ADDRESS	
6. TELEPHONE NO	
7. FAX NO	
8. CONTACT PERSON	
9. JOB TITLE	

10. We are interested in providing attachment/training in the following fields:

FIELD	NO. OF TRAINEE/S REQUIRED	DEGREE HOLDER	DIPLOMA HOLDER

11. Briefly describe the duties that you are intending to assign to trainees in each of the field mentioned above

12. Any additional details concerning the above trainees that will assist us in preparing the list of candidates to be sent to your company

13. ADDITIONAL INFORMATION (if applicable)

If this programme is extended to other categories of unemployed, please state hereunder, your interest in providing placement.

CATEGORY OF UNEMPLOYED	IN WHICH FIELD REQUIRED	NUMBER
CPE Not Passed		
CPE Passed		
Form I to V (Inc Not Passed SC)		
SC Passed		
HSC Passed		

Kindly return this form, dully filled in, to the Senior Chief Executive Ministry of Education & Human Resources, 6th Level, Renganaden Seeneevassen Building, Cnr Jules Koenig and Maillard Streets, Port Louis.