

4. Other Training/Seminars Attended (National Qualification-related)

4.1. Title	4.2. Venue	4.3. Inclusive Dates		4.4 No. of Hours	4.5 Conducted By

(For more information, please use separate sheet)

5. Licensure Examination(s) Passed

5.1. Title	5.2. Year Taken	5.3. Examination Venue	5.4. Rating	5.5. Remarks	5.6. Expiry Date

(For more information, please use separate sheet)

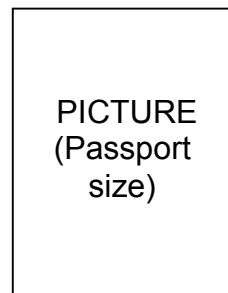
6. Competency Assessment(s) Passed

6.1. Title	6.2. Qualification Level	6.3 Industry Sector	6.4. Certificate Number	6.5. Date of Issuance	6.6. Expiration Date

(For more information, , please use separate sheet)

REFERENCE NUMBER :

ADMISSION SLIP	
Name of Applicant:	Tel. Number:
Assessment Applied for:	Official Receipt Number: Date Issued:
To be accomplished by the Processing Officer	
Name of Assessment Center:	
Check submitted requirements:	Remarks:
<input type="checkbox"/> Accomplished Self-Assessment Guide <input type="checkbox"/> Three (3) pieces colored passport size pictures	<input type="checkbox"/> Bring own Personal Protective Equipment (PPE) <input type="checkbox"/> Others. Pls. specify
Assessment Date:	Assessment Time:



_____ Printed Name & Signature of Processing Officer	_____ Printed Name & Signature of Applicant
Date:	Date:

Note: Please bring this Admission Slip on your assessment date.