**Trainer Profile Form**

**Sindh Technical Education and Vocational Training Authority (STEVTA)**

**Staff Training Academy**

**Personal Information:**

1. Full Name:
2. Date of Birth:
3. Gender:
	* ☐ Male ☐ Female ☐ Other
4. Nationality:
5. Contact Information:
	* Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	* Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Information:**

1. Current Organization:
2. Designation/Position:
3. Department:
4. Work Experience (in years):
5. Areas of Expertise:

**Educational Background:**

1. Highest Qualification:
2. Field of Study:
3. University/Institution:
4. Year of Graduation:

**Training Experience:**

1. Total Years of Training Experience:
2. Subjects/Courses Taught:
3. Institutions/Organizations Where Training Was Conducted:

**Certifications and Awards:**

1. Professional Certifications:
2. Awards and Recognitions:

**Availability:**

1. **Preferred Days for Training:**
2. **Preferred Time Slots:**

**Additional Information:**

1. Any Additional Skills or Information:

**Declaration:**

I hereby declare that the information provided above is accurate and true to the best of my knowledge.

**Signature:**

**Date:**

**For Office Use Only:**

* **Reviewed By:**
* **Approved By:**
* **Date:**

This form is designed to collect comprehensive information about trainers to ensure the best fit for training programs and sessions at the STEVTA Staff Training Academy