



STAFF TRAINING ACADEMY(STA) STEVTA



Training Registration Form for Training Organization(Registration)

Personal Information of Head of Organization:s

1. Full Name:

▪ _____

2. Date of Birth:

▪ _____

3. Gender:

▪ Male Female Other

4. Nationality:

▪ _____

5. Contact Information:

▪ Phone: _____

▪ Email: _____

▪ Address: _____

▪ _____

▪ _____

Professional Information:

6. Current Organization:

▪ _____

7. Designation/Position:

▪ _____

8. Department:

▪ _____

9. Work Experience (in years):

▪ _____

10. Areas of Expertise:

▪ _____

▪ _____

Organizational Profile:

11. Registration Body:

▪ _____

12. Field of Training:

▪ _____

13. No of Training:

▪ _____

14. Year of Experience:

▪ _____



**STAFF TRAINING ACADEMY(STA)
STEVTA**



Training Area;

- _____
- _____
- _____
- _____

Individual Training Experience

- _____
- _____
- _____

Preferred Date & Time Slots:

- _____
- _____
- _____
- _____

Group Training Experience:

Training Area:

- _____
- _____
- _____

Preferred Date & Time Slots:

- _____
- _____
- _____
- _____



**STAFF TRAINING ACADEMY(STA)
STEVTA**



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 Training Organizations to ensure the best fit for training programs and sessions at the Staff Training Academy-STEVTA.