

# MINISTRY OF LABOUR AND INDUSTRIAL RELATIONS (MLIR)

## TRAINEE ENGINEER SCHEME (TES) IN PRIVATE SECTOR

### BRIEF ON COMPANY

1. Name of Organisation:.....

2. Sector of Activity:.....

3. Address:.....

4. Brief of main activities of company (Max 100 words)

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Labour force: Local ..... Foreign.....

5. Details of Contact Person (Director/Company Representative)

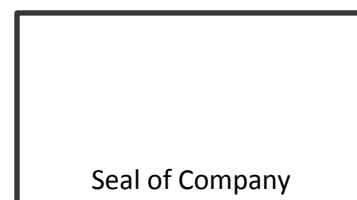
Name: .....

Designation: .....

Email Address: .....

Tel No/ Mob: .....

Signature: .....



Seal of Company

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**6. Documents Attached:**

- Business Registration Number
- Certificate of Incorporation

**7. Date of Registration on mauritiusjobs.govmu.org: .....**

**8. Details of Supervisor**

Fields of placement for Trainee(s)	Number of Trainee(s)	1. Name and Registration number of Registered Engineer under whom trainees will be under supervision 2. State number of years of Registered Engineer's experience post registration.	Contact details of Supervisor (Email address and phone no.)

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**9. Coverage of CRPE council's requirements regarding the nature of professional training for registration. Kindly refer to CRPE Mauritius website for more information.**

S. No	Nature of Activity	Yes / No	Standard (weeks)
1	Attending Workshops, Seminars, Lectures, and Technical Demonstrations, etc.		No specific time requirement set by the Council
2	Delivering lectures and presentations, leading group discussions (including preparation time)		
3	Involvement with new and emerging technology; Marketing initiative; users, needs etc		
4	Investigating and Solving Engineering Problems		Minimum Aggregate (M.A) 40 wks
5	Involvement with engineering design (appraising, reviewing, designing)		
6	Conducting technical investigations and research		
7	Project management and leadership		40 wk
8	Involvement with environmental, health and safety issues and searching for solutions.		10 wk
9	Developing and enhancing inter-personal and communication skills		5 wk
10	Broadening Education, Raising own Limits of Professional Competence, Adherence to Values and Ethics; Commitment to Lifelong learning		5 wk

**Name of supervisor .....**

**Signature .....**

**Date .....**

**Seal of Company:**

