MINISTRY OF LABOUR AND INDUSTRIAL RELATIONS



Application Form for Employers

| Name of Company: |
|---|
| Address: |
| Telephone Number: |
| Fax Number: |
| Email address: |
| Website: |
| Name of Contact Person: |
| Designation of Contact Person: |
| Company Incorporation No.: |
| BRN No.: |
| Date of Incorporation: |
| Economic Sector: |
| Business Activities of Company: |
| Date of Registration on https://mauritiusjobs.govmu.org/: |

| Details of Course under DTP | | | |
|-----------------------------|---|---|--|
| 1. | Name of Course | | |
| 2. | Level of Course | Certificate Diploma Degree | |
| 3. | Name of Tertiary/ Training Institution | | |
| 4. | Duration of Course | | |
| 5. | Start and completion dates of Course | Start Date: Completion Date: | |
| | | | |
| 6. | Cost of Course | Cost per Semester- Rs | |
| | | Cost per year - Rs | |
| 7. | Entry Requirements for the Course | | |
| 8. | Number of Trainees enrolled for the Course | | |
| 9. | Number of days per week to be | At the Training institution: At the company: | |
| | spent at the Training institution and | | |
| | at the company | | |
| 10. | Weightage of the Marking Scheme (%) | Tertiary/ Training Institution Work Placement | |
| 11. | Job occupation in which trainees will be placed | | |
| 12. | Name and Designation of Mentor | Name: | |
| | | Designation: | |
| 13. | Why are you enrolling trainee/s in DTP? | | |
| | | | |

| 14. | Why are you choosing the selected course? | | | | |
|--|---|-----------------|--|--|--|
| | | | | | |
| | | | | | |
| 15. | 5. Is there a demand for jobseeker with this profile in your company? | | | | |
| | | | | | |
| | | | | | |
| 4.6 | | | | | |
| 16. | 6. Please specify the mode of selection of trainees | | | | |
| | <u>Category</u> | Please tick | | | |
| | From the database of the Ministry | | | | |
| | Through direct recruitment (e.g. Advert) | | | | |
| | Existing employees | | | | |
| | Laisting employees | | | | |
| | st of documents to be uploaded when registering as an enttps://mauritiusjobs.govmu.org/ | nployer on | | | |
| • | Filled in Application Form for DTP | | | | |
| • | Business Registration Card | | | | |
| • | Certificate of Incorporation | | | | |
| • | Copy of Registration of the Tertiary Institution with HEC /MQA | | | | |
| • | Copy of Accreditation of Course with HEC /MQA | | | | |
| • | Copy of Course Structure | | | | |
| I declare that the information submitted above is true and correct and I underta | | | | | |
| to | to select trainees in a fair and transparent manner and to recruit them after | | | | |
| C | ompletion of course. | | | | |
| N | lame: | | | | |
| D | esignation: | | | | |
| Si | ignature: | | | | |
| T | elephone No: | | | | |
| F | ax No: | Seal of Company | | | |
| E | mail address: | . , | | | |
| D | ate: | | | | |