INDUSTRIAL TRAINING FUND
MIANGO ROAD, P.M.B. 2199, JOS.

STUDENTS INDUSTRIAL WORK EXPERIENCE SCHEME
END OF PROGRAMME REPORT SHEET

PART A: (To be completed by the Student)
1. (a) Name in Full: ……………………………………………………………………………………
(b) Registration/Matriculation Number: ……………………………………………………………
(c) Course of Study: …………………………………… (d) Year of Study…………………..
(e) Name of Institutions: ……………………………………………………………………………
2. (a) Name and Address of the Establishment of Attachment:……………………………………….
………………………………………………………………………………………………..
(b) The Department/Section: ……………………………………………………………………….
(c) Period of Attachment: From: ………………..  To: …………………… Number of Weeks: ………
Total Allowance received by student: N…………………………………………… K
3. Brief outline of experience/relevance of training provided: …………………………………………………
…………………………………………………………………………………….………………………………
…………………………………………….……………………………………………………………………
…………….……………………………………………………………………………………………………
……………………………………….…………………………………………………………………………
4. (a) Where were you attached last? (If applicable): ……………………………………………………..
…………………………………………………….………………………………………………
(b) Total number of weeks engaged in industrial attachment: ………………………………………….

PART B: (To be completed by the Employer)
Do you agree with the Student’s comments in items 3&4 in Part A? Yes/No
If so please comment: ………………………………………………………………………………………
State total amount paid to student as ITF allowance N………………………………… K
In words: (………………………………………………………………….…………………………………)
5. Please assess the student’s overall performance by ticking the appropriate box as provided:
VERY GOOD ☐ GOOD ☐ SATISFACTORY ☐ POOR ☐
6. Will you accept the student in any future attachment: Yes/No
If no, please comment: ……………………………………………………………………………………………
…………………………………………………………………………………………………………………………
7. Is your Company/Establishment in a position to offer this student a job in future?
………………………………………………………………….………………………………………………
8. Name of Reporting Officer: …………………………………………………….……………………………….
Designation/Rank: ……………………………………………………………………………………………
Signature/Stamp: ……………………………………………… Date: ………………………………..
N.B. Forms duly completed by employers should be forwarded to/colllected by the respective institutions under seal:

PART C: (To be completed by the Institution)
9. Indicate number of visits: ………………………………………………………………………………………...
10. Give your assessment of facilities provided by Company during visits by ticking:
Standard ☐ Adequate ☐ Relevant ☐ Not Relevant ☐
11. Give your impression of the student’s involvement in training: FULLY/PARTIALLY
………………………………………………………………….……………………………………………….
………………………………………………………………….……………………………………………….
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………………………………………………………………….……………………………………………….
12. Assessment of student’s Performance (Grading “A, B, C or D” has to be stated
………………………………………………………………….……………………………………………….
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………………………………………………………………….……………………………………………….
Full Name of Supervisor: …………………………………… Status: …………………………
Department/Discipline: …………………………………………………………………………………………….
Signature/Stamp: ……………………………………………… Date: ………………………………..
N.B. This form is to be returned to the ITF on completion by the respective institutions under seal.