



**THE SAINT LUCIA COUNCIL FOR TECHNICAL AND VOCATIONAL
EDUCATION AND TRAINING (SLCTVET)**

CVQ/NVQ Assessment of Prior Learning Application Form



Objective of Questionnaire: This questionnaire is designed to capture all relevant information about the applicant's underpinning knowledge, skills and experience in the work role or profession. To determine whether you can gain from our course of study, please answer clearly all the questions below. All information will be held in strict confidence and will be used to prepare an assessment plan for applicants with the aptitude for certification, based on the CVQ Competency Standards for Massage Therapy.					
Name of Applicant: (First/ Middle/ Surname)				Date of Birth: (dd/ mm/ yyyy)	
Place of Work:			Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male (Tick <input checked="" type="checkbox"/> the appropriate response)		
Telephone numbers: (Home) (Work) (Mobile)			Email Address:		
Mailing Address			Home Address:		
Applicant's Assessment in the Occupational Area of Massage Therapy. Please answer all questions accurately.					
What level of education have you received? (Tick <input checked="" type="checkbox"/> the appropriate response)		Primary	Secondary	Tertiary	Other (State below):
Are you Employed? (Tick <input checked="" type="checkbox"/> the appropriate response)	Yes	No	Are you Self Employed (Tick <input checked="" type="checkbox"/> the appropriate response)	Yes	No
How long have you been employed in that job? <input type="checkbox"/> 1-5 yrs. <input type="checkbox"/> 6-10 yrs. <input type="checkbox"/> 11-15 yrs. <input type="checkbox"/> Over 15 yrs.			How many years experience do you have in the skill area? <input type="checkbox"/> 1-5 yrs. <input type="checkbox"/> 6-10 yrs. <input type="checkbox"/> 11-15 yrs. <input type="checkbox"/> Over 15 yrs.		
Do you supervise anyone on the job?	Yes	No	If yes, how many people do you supervise?		
List the places where you have worked in the last ten (10) years and the length of time you have worked there.					
1					
2					
3					
4					
List below the activities that you perform on the job and responsibilities that you have in your job role.					
1					
2					
3					
4					
5					
6					
7					
8					
9					



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Education/Training

Institution/Training Host	Area of Training	Certificate/Awards Attained	Years Attended (From – To)

Please indicate the certificates obtained for participation in workshops and seminars, which you are submitting in support of your application:

No.	Description of Workshops/Seminars	Certificates
1		
2		
3		
4		
5		

I hereby attest that all information provided in this application is true and accurate. I understand that if any statement herein is not true, enrollment may be denied.

Mr./ Mrs./Ms. : _____ Signature _____

Date: ___/___/___