

CATEGORY (B)

ZIMBABWE MANPOWER DEVELOPMENT FUND

FORM I

APPROVED FOR APPROVED TRAINING REBATES

(APPRENTICESHIP SECONDMENT B1, B2)

NAME OF ORGANISATION.....

ADDRESS.....

EMPLOYER CODE NUMBER.....

NAME OF APPRENTICE	APPRENTICESHIP NUMBER	NATIONAL REGISTRATION NUMBER	TRADE	YEAR OF TRAINING	EMPLOYER	PERIOD FROM - TO	RATE \$50 PER MONTH	AMOUNT US\$

TOTAL

DATE.....

COMPILER.....

DESIGNATION.....

FOR MINISTRY/ INSTITUTION

Certified Correct.....

.....

.....

Signature

Name of officer

Official date stamp

CATEGORY (B)

ZIMBABWE MANPOWER DEVELOPMENT FUND

FORM II

APPROVED FOR APPROVED TRAINING REBATES

(INDUSTRIAL ATTACHMENTS: B3, B4, B6)

NAME OF ORGANISATION.....

ADDRESS.....

EMPLOYER CODE NUMBER.....

NAME OF TRAINEE	TRAINEE NUMBER	NATIONAL REGISTRATION NUMBER	TRADE	YEAR OF TRAINING	EMPLOYER	PERIOD FROM-TO	RATE \$50 PER MONTH	AMOUNT US\$

TOTAL

DATE.....

COMPILER.....

DESIGNATION.....

FOR MINISTRY/ INSTITUTION

Certified Correct.....

.....

.....

Signature

Name of officer

Official date stamp

CATEGORY (C)

ZIMBABWE MANPOWER DEVELOPMENT FUND

APPROVED FOR APPROVED TRAINING REBATES

FORMAL COURSES (C1, C2 C3 C4)

NAME OF EMPLOYER.....

ADDRESS.....

EMPLOYER CODE NUMBER.....

NAME OF EMPLOYEE	EMPLOYEE NUMBER	NATIONAL IDENTITY NUMBER	COURSE TITLE	DURATION	EMPLOYER	ACCREDITATION LEVEL	NAME OF EXAMINING BOARD	ACTUAL EXPENSES ACCOMODATION AND MEALS	FEES	TOTAL AMOUNT
										TOTAL

DATE.....

NB Proof of

COMPILER.....

(i) Expenses

DESIGNATION.....

(ii) Citizenship/ Permanent Residence

(iii) Course Results

(IV) Actual rebates to be calculated based on rates

FOR MINISTRY/ BOARD

Certified Correct.....

Signature

.....

Name of officer

.....

Official date stamp

CATEGORY (D)

ZIMBABWE MANPOWER DEVELOPMENT FUND

APPROVED FOR APPROVED TRAINING REBATES

(MEMBERSHIP OF PROFESSIONAL BODIES)

NAME OF EMPLOYER/ORGANISATION.....

ADDRESS.....

EMPLOYER CODE NUMBER.....

NAME OF TRAINEE	NATIONAL REGISTRATION NUMBER	COURSE TITLE	NAME OF EXAMINATION BOARD	ACCREDITATION LEVEL	PERIOD FROM -TO	NUMBER OF HOURS	RATE	TOTAL AMOUNT
								TOTAL

DATE.....

N.B.ROOF OF

COMPILER.....

(I)CITIZENSHIP

DESIGNATION.....

(II) CONTRACTS OF CLERKSHIP, LEARNERSHIP AND

TRAINEESHIP

* Number of hours excluding overtime

FOR EXAMINING BAORD

Certified Correct.....

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Signature

Name of officer

Official date stamp

CATEGORY (E)

ZIMBABWE MANPOWER DEVELOPMENT FUND

APPROVED FOR APPROVED TRAINING REBATES

(TRAINING IN ESSENTIAL NON -DESIGNATED TRADES/ OCCUPATION)

NAME OF EMPLOYER/ORGANISATION.....

ADDRESS.....

EMPLOYER CODE NUMBER.....

NAME OF TRAINEE	NATIONAL REGISTRATION NUMBER	COURSE TITLE	DURATION	PERIOD FROM -TO	NUMBER OF HOURS	RATE	TOTAL AMOUNT
TOTAL							

DATE.....

COMPILER.....

*NUMBER OF HOURS EXCLUDING OVERTIME

DESIGNATION.....

FOR MINISTRY/ BOARD

Certified Correct.....

Signature

.....

Name of officer

.....

Official date stamp

CATEGORY (F)

ZIMBABWE MANPOWER DEVELOPMENT FUND

APPROVED FOR APPROVED TRAINING REBATES
(ANNUAL GRANTS)

NAME OF TRAINING CENTRE.....

ADDRESS.....

CENTRE CODE NUMBER.....

TOTAL NUMBER OF TRAINEES	ACTUAL TOTAL NO. OF TRAINERS AT CENTRE	NO. OF APPROVED TRAINEES		COURSE TITLE	NUMBER OF TECHNICAL TRAINERS	NUMBER OF NON – TECHNICAL TRAINERS	RATE	AMOUNT
		TECHNICAL	NON TECHNICAL					

DATE.....

COMPILER.....

DESIGNATION.....

FOR MINISTRY

Certified Correct.....
Signature

.....
Name of officer

.....
Official date stamp

CATEGORY (G)

ZIMBABWE MANPOWER DEVELOPMENT FUND

APPROVED FOR APPROVED TRAINING REBATES
(TRADE TESTING FACILITIES)

NAME OF ORGANISATION.....

ADDRESS.....

EMPLOYER CODE NUMBER.....

NAME OF CANDIDATE	RECEIPT NUMBER	TRADE/INDUSTRY	DATE	VENUE	TRADE TEST OFFICER	SIGNATURE	RATE	AMOUNT

DATE.....

COMPILER.....

DESIGNATION.....

FOR INDUSTRIAL TRAINING DEPARTMENT

Certified Correct.....
Signature

.....
Name of officer

.....
Official date stamp

CATEGORY (H)

ZIMBABWE MANPOWER DEVELOPMENT FUND

APPROVED FOR APPROVED TRAINING REBATES
(PART-TIME LECTURING)

NAME OF ORGANISATION.....

ADDRESS.....

EMPLOYER CODE NUMBER.....

PART-TIME LECTURERS NAME	NATIONAL REGISTRATION NUMBER	PART-TIME LECTURERS' SIGNATURE	COURSE	PERIOD FROM - TO	NO. OF HOURS	PART-TIME LECTURERS' GROSS SALARY	INSTITUTION	AMOUNT

DATE.....

COMPILER.....

DESIGNATION.....

FOR INSTITUTION / COLLEGE

Certified Correct.....

Signature

.....

Name of officer

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Official date stamp