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| **Document Code No.** |
| **FM-DPM-GSU-OJT-IT-01** |

|  |  |  |
| --- | --- | --- |
| **Rev. No.** | **Effective Date** | **Page No.** |
| 04 | 05 SEPT 2022 | 1 of 1 |

Photo

**INFORMATION TECHNOLOGY PROGRAM**

**ON THE JOB TRAINING**

**REGISTRATION FORM**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Civil Status: \_\_\_\_\_\_\_\_\_

*Last First MI*

City Address: Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provincial Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_ Height (Metric): \_\_\_\_\_\_\_\_\_\_\_\_Weight (Kgs):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Disability, if any:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Criminal Liability, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Mental Disability, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY DATA**

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Parents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Highest Level Attained/

Date Graduated

Elementary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Secondary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tertiary/ Vocational: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specials Skills: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Trainings and Seminars Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY NOTIFY**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Signature*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Print Name*



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| **Document Code No.** |
| **FM-DPM-GSU-OJT-IT-03** |

|  |  |  |
| --- | --- | --- |
| **Rev. No.** | **Effective Date** | **Page No.** |
| 03 | 05 SEPT 2022 | 1 of 1 |

**AGENCY TRAINING PERFORMANCE EVALUATION (ATPE)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Name of the Student-Trainee Course/Year/Section*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Company/Training Station Month/ Period*

To the Rater/Trainor: Please indicate rating for each applicable item by encircling the appropriate number using the rating scale below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OBSERVED BEHAVIOR** | **RATING SCALE** | | | | |
| **Poor** | **Fair** | **Good** | **Very Good** | **Excellent** |
| 1. Attends regularly | 1 | 2 | 3 | 4 | 5 |
| 2. Starts the work promptly | 1 | 2 | 3 | 4 | 5 |
| 3. Courteous and considerate | 1 | 2 | 3 | 4 | 5 |
| 4. Expresses his/her ideas well | 1 | 2 | 3 | 4 | 5 |
| 5. Listens attentively to trainer | 1 | 2 | 3 | 4 | 5 |
| 6. Displays interest in his/her work | 1 | 2 | 3 | 4 | 5 |
| 7. Careful in handling office facilities and equipment | 1 | 2 | 3 | 4 | 5 |
| 8. Works to the best of his/her ability | 1 | 2 | 3 | 4 | 5 |
| 9. Works to develop a variety of skills | 1 | 2 | 3 | 4 | 5 |
| 10. Cooperates well with others | 1 | 2 | 3 | 4 | 5 |
| 11. Is generally a good follower | 1 | 2 | 3 | 4 | 5 |
| 12. Accepts responsibility | 1 | 2 | 3 | 4 | 5 |
| 13. Volunteers for an assignment | 1 | 2 | 3 | 4 | 5 |
| 14. Makes worth with suggestion | 1 | 2 | 3 | 4 | 5 |
| 15. Exhibits orderly/safe working habits | 1 | 2 | 3 | 4 | 5 |
| 16. Applies principles to actual work situation | 1 | 2 | 3 | 4 | 5 |
| 17. Knowledge in assigned job proceedings | 1 | 2 | 3 | 4 | 5 |
| 18. Ability to plan activities | 1 | 2 | 3 | 4 | 5 |
| 19. Initiative/resourcefulness | 1 | 2 | 3 | 4 | 5 |
| 20. Judgment and common sense | 1 | 2 | 3 | 4 | 5 |
| 21. Interests and good attitude towards work | 1 | 2 | 3 | 4 | 5 |
| 22. Prepares report accurately | 1 | 2 | 3 | 4 | 5 |
| 23. Submits reports on time | 1 | 2 | 3 | 4 | 5 |

**Computation of Trainee’s Agency Performance Grade:**

Mean = Sum of Ratings All Categories Mean Interval: \_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Items in the ATPE Equivalent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Final Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rated by: Noted by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_  
*Office Trainer Date Supervisor/Office Head Date*

Acknowledge by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  
*Student Name Date Parent Date*



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| **Document Code No.** |
| **FM-DPM-GSU-OJT-IT-04** |

|  |  |  |
| --- | --- | --- |
| **Rev. No.** | **Effective Date** | **Page No.** |
| 03 | 05 SEPT 2022 | 1 of 1 |

**AGENCY TRAINING PERFORMANCE EVALUATION (ATPE)**

**PERFORMANCE EVALUATION EQUIVALENT RATING**

|  |  |  |
| --- | --- | --- |
| **MEAN INTERVAL** | **EQUIVALENT SCORE** | **GRADE** |
| 4.99-5.00 | 100 | 1.00 |
| 4.96-4.98 | 99 | 1.00 |
| 4.86-4.95 | 98 | 1.10 |
| 4.76-4.85 | 97 | 1.10 |
| 4.66-4.75 | 96 | 1.20 |
| 4.55-4.65 | 95 | 1.20 |
| 4.44-4.54 | 94 | 1.30 |
| 4.33-4.43 | 93 | 1.30 |
| 4.22-4.32 | 92 | 1.40 |
| 4.11-4.21 | 91 | 1.40 |
| 4.00-4.10 | 90 | 1.50 |
| 3.90-3.99 | 89 | 1.60 |
| 3.80-3.89 | 88 | 1.70 |
| 3.70-3.79 | 87 | 1.80 |
| 3.60-3.69 | 86 | 1.90 |
| 3.50-3.59 | 85 | 2.00 |
| 3.40-3.49 | 84 | 2.10 |
| 3.30-3.39 | 83 | 2.10 |
| 3.20-3.09 | 82 | 2.30 |
| 3.10-3.19 | 81 | 2.40 |
| 3.00-3.09 | 80 | 2.50 |
| 2.80-2.90 | 79 | 2.60 |
| 2.60-2.79 | 78 | 2.70 |
| 2.40-2.59 | 77 | 2.80 |
| 2.20-2.39 | 76 | 2.90 |
| 2.00-2.19 | 75 | 3.00 |
| 1.00-1.99 | 74 | 5.00 |



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| **Document Code No.** |
| **FM-DPM-GSU-OJT-IT-05** |

|  |  |  |
| --- | --- | --- |
| **Rev. No.** | **Effective Date** | **Page No.** |
| 03 | 05 SEPT 2022 | 1 of 1 |

**TRAINEE JOB EXPERIENCE RECORD**

Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Curriculum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year & Section**: \_\_\_\_\_\_\_\_\_\_\_\_\_** Agency:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** | **TIME** | | **NO. OF HOURS** | **ACTIVITIES AND OPERATION** | **SUPERVISOR**  **REMARKS/RATING** |
|  | **AM** | **PM** |  |  |  |
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Certified Correct: Prepared by:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Agency Supervisor Student/Trainee*



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| **Document Code No.** |
| **FM-DPM-GSU-OJT-IT-06** |

|  |  |  |
| --- | --- | --- |
| **Rev. No.** | **Effective Date** | **Page No.** |
| 0 | 09 JAN 2023 | 1 of 1 |

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_,

Warmest Christian Greetings!

I am a graduating student taking up a Bachelor of Science in Information Technology at Guimaras State University-Mosqueda Campus located at Alaguisoc, Jordan, Guimaras. I am required to undergo an On-the-Job Training (OJT) for a minimum of 500 hours, or equivalent of 60 days, this is in partial fulfillment the requirements of the course.

I would like to apply in your esteemed office as a trainee because I believe the experience and training, I will obtain will broaden my understanding of the subject matter of my course and allow me to learn the actual practices and procedures used in integrated office learning.

The letter of application endorsement from our OJT Supervisor is enclosed, along with other documentation important to the aforementioned OJT Program.

Thank you so much and God Bless.

Respectfully yours,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant, OJT Trainee



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| **Document Code No.** |
| **FM-DPM-GSU-OJT-IT-07** |

|  |  |  |
| --- | --- | --- |
| **Rev. No.** | **Effective Date** | **Page No.** |
| 0 | 09 JAN 2023 | 1 of 1 |

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Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Sir/Madame:

Greetings!

We are pleased to introduce **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** a 4th year student of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the Guimaras State University and is presently enrolled in Practicum/Internship (Practicum 000).

As a partial requirement of this course, he/she is required to undergo ON-THE-JOB Training equivalent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_) hours where he/she learns the actual practices and procedures in I.T. management and other computing skills.

Subject to the following conditions:

• The training does not involve compensation to the student trainee.

• It is not a contract for employment or an obligation to hire the student trainee after of the completion of the training program.

• The agency is not liable for any untoward incident that might happen to the student trainee beyond his/her control during the training period.

• The permit of training of the student may be withdrawn or terminated upon due cause at the discretion of the parties concerned.

Please feel free to contact us at the above address for whatever difficulty or problem you may encounter with our student trainee should he/she be accepted.

Thank you very much and God bless.

Very truly yours,

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OJT Supervisor

Noted: Approved:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dean, College of Science TechnologyVice President for Academic Affairs



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| **Document Code No.** |
| **FM-DPM-GSU-OJT-IT-08** |

|  |  |  |
| --- | --- | --- |
| **Rev. No.** | **Effective Date** | **Page No.** |
| 0 | 09 JAN 2023 | 1 of 2 |

**CURRICULUM VITAE**

**[Name]**

[Address]

[Email Address]

[Contact Number]

**PERSONAL DATA**

Age : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Birth : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Civil Status : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Religion : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Elementary : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tertiary : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



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| --- |
| **Document Code No.** |
| **FM-DPM-GSU-OJT-IT-08** |

|  |  |  |
| --- | --- | --- |
| **Rev. No.** | **Effective Date** | **Page No.** |
| 0 | 09 JAN 2023 | 2 of 2 |

**WORKING EXPERIENCE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MEMBERSHIP ORGANIZATIONS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SEMINARS ATTENDED**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COMPUTER SOFTWARE KNOWLEDGE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**CHARACTER REFERENCE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Document Code No.** |
| **FM-DPM-GSU-OJT-IT-09** |

|  |  |  |
| --- | --- | --- |
| **Rev. No.** | **Effective Date** | **Page No.** |
| 0 | 09 JAN 2023 | 1 of 1 |

**PARENT/GUARDIAN/SPOUSE CONSENT AND WAIVER**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**TO WHOM IT MAY CONCERN:**

This is to certify that I am allowing my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to go on practicum (On-the-Job Training) for a total of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_) hours on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ until \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in partial fulfillment of the requirements for the degree of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

It is understood that he/she abides by the rules and regulations that may be imposed by the Supervisor/Staff-in-Charge for his/her welfare and safety.

I fully agree to waive any responsibility on the part of the College of Science and Technology - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program of Guimaras State University and/or the representative/s, in case of untoward incident that may happen to my son/daughter during the duration of the practicum.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian Signature Date

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| Student’s Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Home Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Boarding House Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student’s Contact Number/s: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Parent/Guardian’s Contact Number/s: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



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| **Document Code No.** |
| **FM-DPM-GSU-OJT-IT-10** |

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| 0 | 09 JAN 2023 | 1 of 1 |

**Journal of Daily Activities**

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| **Date** | **Accomplishment** |
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Learnings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Problems Encountered

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommended Solutions

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_