

ANNEX 1. IBL APPROVAL FORM



Industry based Learning (IBL) Approval Form

(This form should be filled in TRIPLICATE. Candidates in Active SCM work should attach their resumes, appointment letter (s) and job descriptions)

Trainee Information

Name:

Registration No.....National ID No.....

Phone No.....Email..... Signature.....

Host Organisation

Name.....

Address.....

.....

Host Supervisor

Name.....

Phone No: Email.....

Signature: Date:

APPROVED BY

KISEB IBL Coordinator

Name.....

Designation.....

Signature.....Date.....

Signatures indicate agreement by the candidate and by the Host Organisation, Host Supervisor and confirmation of the appointment by KISEB. Any changes must be submitted on a new form. Copies of the completed form to: Trainee – Host Supervisor – KISEB Coordinator (to be placed in the trainee’s IBL file)