**NAME OF TRAINING ORGANISATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Information to be relevant **as of date of inspection.**

**Pro-forma 1**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Professional and Technical Areas with  DEL Approval/  contracts | NQF  Level | Potential Capacity/ Number of Training Places | Actual Number of Trainees/APP Recruited at time of inspection | Number currently in Work placement (WP) | % currently in Work placement (WP) | Name of Provider of Directed Training |
|  |  |  |  |  |  |  |