

**Form 4**

**Pre-tracer Study**

# SKILLS DEVELOPMENT TRUST FUND

Office of the National Secretariat  
P.O. Box 809 Waigani, NCD:  
Tel: 323-4330  
Fax: 325-4342  
E-mail: sdtf@datec.net.pg



## FORM 4 Pre-Tracer Study

(to be completed prior to training)

*Id code:* \_\_\_\_\_

*Date of interview:* \_\_\_\_\_

*Name(s) of interviewer:* \_\_\_\_\_

*Name of trainee :* \_\_\_\_\_

*Name of short-course:* \_\_\_\_\_

*Name of training provider:* \_\_\_\_\_

*Dates of short-course:* \_\_\_\_\_

### 1. PERSONAL DETAILS

1.1 Surname

1.2. First name(s)

1.3. Address:

House no., street

**Village /Town**

**LLG Division**

**District**

**Province**

**Phone no:** ..... **Fax no:** .....

1. 4. Your gender

Female ( )

Male ( )

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1. 5. Your date of birth (YY/MM/DD)  
.....

1.6. Your civil status  
**Married ( )**  
**Unmarried ( )**  
**Divorced ( )**

1. 7. What is your highest level of school education?  
**Grade 1 –5 ( )**  
**Grade 5 –8 ( )**  
**Grade completed ( )**  
**Other training completed ( )**  
**University degree completed ( )**

1.8. What ethnic group do you belong to ?  
Specify.....

1.9. Language proficiency

Language	Fair	Good	Excellent
English			
Tok Pidgin			
Motu			
Other (specify)			

1.10. Nominating/sponsoring organizations, if any

1.11. How did you get to know about this training program  
**News paper advertisement ( )**  
**Invitation/information letter ( )**  
**Posters ( )**  
**TV /Radio ( )**  
**Through relatives /friends ( )**  
**Through another organization ( ) .....**  
**Other .....**

## 2. VOCATIONAL/TECHNICAL TRAINING

2.1. Have you undergone any vocational /technical training?  
**Yes ( )**  
**No ( )**

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2.2. If yes to question 2.1 , please give details :

Institution .....

**Course title(s)**

Duration (specify)

### 3. OCCUPATIONAL DETAILS

3.1. What is your present occupation or main activities? (multiple answers are possible)

**Unemployed ( )**

**Self employed ( )**

**Employed as unskilled worker/employee ( )**

**Employed as skilled worker/employee ( )**

**Working in family business ( )**

**Entrepreneur/in business ( )**

**Apprentice ( )**

**Military services ( )**

**Housewife ( )**

**Others (specify)**

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<b>3.2. Total no. of years work experience either as an employee or as an employer</b>				
<b>No work experience as yet ( )</b>				
		<b>As employee</b>	<b>As employer</b>	
Less than 1 year ( ) 1 year and more (specify) .....				
<b>4. INCOME &amp; SOURCES</b>				
4.1. Are you the main breadwinner in the family Yes ( ) No ( )				
4.2. Approximate personal income per month at present <b>None ( )</b> <b>Rs. .... per month</b>				
4.3. Sources of personal income				
5. AMBITIONS				
5.1. Your purpose of attending this program; To get wage employment ( ) Upgrade existing skills ( ) Was requested to attend by employer ( ) Take over family business ( ) Expand/improve existing business ( ) Create your own business ( ) Other (specify)..... No clear idea				
5.2. If you are going in for self employment please state sources of resources				
Resources	Source	Likelihood of attainment		
		+ (likely)	- (unlikely)	0 (can't say)
Capital				
Land				
Building				
Labour				
Other				