

4. Learner/Trainee/Student (Clients) Classification

<input type="checkbox"/> 4Ps Beneficiary	<input type="checkbox"/> Agrarian Reform Beneficiary	<input type="checkbox"/> Balik Probinsiya
<input type="checkbox"/> Displaced Workers	<input type="checkbox"/> Drug Dependents Surrenderers/Surrenders	<input type="checkbox"/> Family Members of AFP and PNP Killed-in-Action
<input type="checkbox"/> Family Members of AFP and PNP Wounded-in-Action	<input type="checkbox"/> Farmers and Fishermen	<input type="checkbox"/> Indigeneous People and Cultural Communities
<input type="checkbox"/> Industry Workers	<input type="checkbox"/> Inmates and Detainees	<input type="checkbox"/> MILF Beneficiary
<input type="checkbox"/> Out-of-School Youth	<input type="checkbox"/> Overseas Filipino Workers (OFW) Dependent	<input type="checkbox"/> RCE-RESP
<input type="checkbox"/> Rebel Returnees/ Decommissioned Combatants	<input type="checkbox"/> Returning/ Repatriated Overseas Filipino Workers (OFW)	<input type="checkbox"/> Student
<input type="checkbox"/> TESDA Alumni	<input type="checkbox"/> TVET Trainers	<input type="checkbox"/> Uniformed Personnel
<input type="checkbox"/> Victim of Natural Disasters and Calamities	<input type="checkbox"/> Wounded-in-Action AFP & PNP Personnel	<input type="checkbox"/> Others: _____ (Please specify)

5. Type of Disability (for Persons with Disability Only): To be filled by the TESDA Personnel

<input type="checkbox"/> Mental/Intellectual	<input type="checkbox"/> Visual Disability	<input type="checkbox"/> Orthopedic (Musculoskeletal) Disability
<input type="checkbox"/> Hearing Disability	<input type="checkbox"/> Speech Impairment	<input type="checkbox"/> Multiple Disabilities, specify
<input type="checkbox"/> Psychosocial Disability	<input type="checkbox"/> Disability Due to Chronic Illness	<input type="checkbox"/> Learning Disability

6. Causes of Disability

<input type="checkbox"/> Congenital/Inborn	<input type="checkbox"/> Illness	<input type="checkbox"/> Injury
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7. Name of Course /Qualification

8. If Scholar, What Type of Scholarship Package (TWSP, PESFA, STEP, others) ?

9. Privacy Consent and Disclaimer

I hereby attest that I have read and understood the Privacy Notice of TESDA through its website (<https://www.tesda.gov.ph>) and thereby giving my consent in the processing of my personal information indicated in this Learners Profile. The processing includes scholarships, employment, survey, and all other related TESDA programs that may be beneficial to my qualifications.

Agree Disagree

10. Applicant's Sginature

This is to certify that the information stated above is true and correct.

<p>_____ APPLICANT'S SIGNATURE OVER PRINTED NAME</p>	<p>_____ DATE ACCOMPLISHED</p>	<p>1X1 picture taken within the last 6 months</p>
<p>Noted by:</p> <p>_____ REGISTRAR/SCHOOL ADMINISTRATOR (Signed over Printed Name)</p>	<p>_____ DATE RECEIVED</p>	<p>Right Thumbmark</p>