General conditions:
(a) The contract shall be read in conjunction with the Industrial Training Act Cap 237 Laws of Kenya.

Specific Conditions:
(a) The Industrial Attachee shall:
1. Obey and observe all industrial/site safety rules and regulations;
2. Serve the employer diligently and obey all lawful instructions of the employer;
3. Not divulge any of the employer’s classified information;
4. Not absent himself/herself during normal working hours without the permission of the employer;
5. Not engage in any other form of employment during working hours;
6. Attend such classes or take such correspondence courses as the employer may require;
7. Avail himself/herself for continuous assessment by authorized persons to determine his/her achievement;
8. Complete all assignments given by the trainer on time;
9. Maintain the insurance cover for the period of attachment;
10. Cooperate with fellow employees at work.

(b) The Employer shall:
1. Give the attachee proper induction and orientation of the Organization;
2. Place the attachee under a qualified and competent trainer;
3. Provide necessary tools/equipment and materials during the period of attachment;
4. Provide the best possible and diversified experience to the attachee.
5. Assess the attachee using the provided assessment criteria and guidelines.
6. Furnish NITA with reports on progress and conduct of the attachee on the prescribed Form(s) and format.
7. Provide necessary security and protection to the attachee.
8. Allow adequate access by the supervisor to assess the attachee.
The parties to this contract are the Attachment Provider, the Attachee and the Training Institution

PART A. To be signed by the Attachee

Name (as it appears in ID Card) _________________________

ID Card No (attach copy) _______ College Adm No. _______

Gender ___________________ Telephone No _______________

Postal Address_________ Code______ Town _____________

Course of Study ________________ Level of Training ________

Signed by the said attachee ______________ Date __________

Duration of Attachment: No of Months ___ From ____ To: ____

Insurance Details: Company ______ Policy No. (Attach Copy)___

The above named agrees to serve the attachment provider as an attachee for the term of the attachment in order to learn the trade and gain practical exposure in the relevant skill area

PART B. To be signed by the Training Institution

Name of Institution __________________________________

Postal Address ___________ Code __________ Town ________

Physical Address (Street/Rd) ______________ Region ________

Telephone: ____________ Email: ____________ Fax: ________

Name of ILO/ Placement Coordinator:_________ Tel: __________

Approved [ ] Not Approved [ ]

Name of Officer ________________ Designation______________

Signature __________________________ Date ________________

PART C. To be signed by the Attachment Provider

Name of Attachment Provider____________________________

Postal Address ___________ Code __________ Town ________

Physical Address (Street/Rd) ______________ Region ________

Telephone: ____________ Email: ____________ Fax: ________

Name of Officer in charge of Training ___________ Tel: __________

Approved [ ] Not Approved [ ]

Name of Officer ________________ Designation______________

Signature __________________________ Date ________________

PART D. For NITA use only.

Recommended [ ] Not Recommended [ ]

Name of Officer ________________ Designation______________

Signature __________________________ Date ________________

Approved [ ] Not Approved [ ]

____________________________

Director General of Industrial Training

Date _________________