



**APPLICATION FORM FOR
EVALUATION OF QUALIFICATIONS**

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APPLICATION FOR EVALUATION OF QUALIFICATIONS: LOCAL AND EXTERNAL

<i>For BQA use only</i>
Individual ID: _____ Movement ID: _____ EQ Number: _____

Please complete in print and submit the application form and attach required documents

Type of Evaluation (Please tick the appropriate):

Local

External

A. Personal details of the applicant			
Title: Mr /Mrs/Ms/Dr/Prof/other			
Name as it appears on the qualification			
Name as it appears on the identity document			
First Name			
Middle Name			
Surname			
Maiden name (if applicable)			
<i>NOTE: If your name has changed, copies of documentation to support the change will be required.</i>			
Nationality			
National Identity/Birth Certificate/Passport Number			
Date of Birth	Day:	Month:	Year:
Postal address <i>(All correspondence will be sent to this address)</i>			
E-mail address			
Telephone number			
Fax Number			
Mobile phone number			
B. Contact details of a third party to be copied the evaluation result (if applicable)			
	1 st Institution:	2 nd Institution:	3 rd Institution:
Contact Person			
Postal address			

C. Purpose of the application						
The evaluation is required for <i>(Tick one or more boxes as appropriate)</i>						
Employment	<input type="checkbox"/>	Further studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registration with a Professional Body	<input type="checkbox"/>	Immigration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):						
D. Information on the educational institutions attended						
List all institutions attended beginning with your final secondary school year and ending with your last year of education. Please ensure that the list includes the qualification preceding the one to be evaluated.						
Name of institution	Full address of the institution	Date MMYYYY		Name of qualification	Full-time/Part-time	Tick qualification to be evaluated
		from	to			
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
E. Evaluation results						
Evaluation results will only be issued to the applicant and persons indicated under (B) . Evaluation results will be made available only by mail or personal collection according to the client's instruction.						
I wish to receive the evaluation results by <i>(Please tick one box)</i>			Post	<input type="checkbox"/>	Personal collection	<input type="checkbox"/>
F. Evaluation processing time and fees				Tick		
I need evaluation to be: <i>(Please tick one box)</i>	Processed within the standard processing time (30 working days)	<input type="checkbox"/>	<input type="checkbox"/>	Local	P1000	
		<input type="checkbox"/>	<input type="checkbox"/>	External	P2000	
	Processed express: (15 working days)	<input type="checkbox"/>	<input type="checkbox"/>	Local	P2000	
		<input type="checkbox"/>	<input type="checkbox"/>	External	P5000	
G. Payment due to BQA						
Fees for the services I need amount to	BWP:		BQA Bank details FNB Bank account no: 62025899967 Branch Code 281467 (Gaborone)			

Proof of payment of this amount is enclosed in the form of <i>(Please tick one box)</i>		<i>Please tick</i>	
	Cash Receipt	<input type="checkbox"/>	<input type="checkbox"/>
	Crossed postal orders from Botswana, Namibia, Lesotho or South Africa, in favour of BQA	<input type="checkbox"/>	
	A cash deposit slip	<input type="checkbox"/>	<input type="checkbox"/>
	Record of electronic transfer	<input type="checkbox"/>	<input type="checkbox"/>
	Government Purchase Order	<input type="checkbox"/>	<input type="checkbox"/>

H. Declaration and Consent

- I certify that the information provided in this application is true and accurate.
 - I understand that the evaluation outcome is based on the information availed to BQA by myself and the awarding body or bodies at the time of the evaluation.
 - I consent to BQA to contact third parties with regard to the evaluation of my qualification(s).
- N.B BQA reserves the right to share information about you with appropriate institutions for prosecution in the event that documents submitted are forged, altered or falsified.**

Name in Print:		Signature		Date	
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I. Important Notes for lodging an application

	<i>Please tick</i>
An application must include the following:	
i. An application form, fully completed and legible	<input type="checkbox"/>
ii. Legible and certified true copies of the qualification certificate to be evaluated or an official statement/letter of award (issued by the awarding body) confirming completion of all the requirements for the award of the qualification.	<input type="checkbox"/>
iii. Certified copy of the transcript/ academic record	<input type="checkbox"/>
iv. Degree/ Diploma Supplement (if applicable)	
v. Certified copy of qualification certificate and transcript of qualification preceding the one to be evaluated	<input type="checkbox"/>
vi. Certified identity document; National Identity (Oman) or birth certificate for children under the age of 16 for citizens or passport for non-citizens.	<input type="checkbox"/>
vii. Marriage certificate or evidence of change of name (if applicable).	<input type="checkbox"/>
viii. A full and accurate official translation into English certified by an official of the issuing translation service if documents are not in English.	<input type="checkbox"/>
ix. Signed Declaration and consent by the applicant	<input type="checkbox"/>
x. Proof of payment	