



APPLICATION FOR APPROVAL OF NON-CREDIT BEARING SHORT COURSES

Plot 66450, Block 7
Gaborone
Botswana

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1. Details of the Education and Training Provider

Name of Education and Training Provider (applicant)		ETP Registration and Accreditation number	
Name of body /education and training provider responsible for developing the learning programme		Body /ETP accreditation number	
Name of Contact Person			
Position			
Postal address			
Email			
Telephone		Fax	
Date of application	<i>(dd/mm/yyyy)</i>		
Application submitted by	Surname:	Name(s):	Designation

2. Description of the short course(s)

Please note: The table maybe reproduced if space provided is not enough.

Course Title	Learning Field	Duration	Date developed (mm.yy)	Date of review due (mm.yy)

3. This application and its attachment have been checked and it contains information in all of the following (tick appropriate boxes):

	Applicant	BQA
Needs Assessment and Rationale <i>Skills needs assessment report; labour market survey reports analysis; relevant job analysis</i>		
Short Course General Information <i>Title, learning field, duration of course, date course developed and date of review</i>		
Course content and delivery <i>Learning programme/ Short Course guide and template</i>		
Assessment and Certification <i>Learning programme/ Short Course guide and template – section on assessment strategies and certain Attach sample certificates</i>		
Mode of delivery <i>Learning programme/ Short Course guide and template – section on modes of delivery</i>		
Monitoring Evaluation and review <i>Documented process on system and review, sample questionnaires, evaluation instruments</i>		
Resources <i>List of facilities, equipment, teaching resources Prescribed Textbooks (for Learners),; CVs of trainers/ teachers; assessor and moderator (where applicable); copies of qualifications and evaluation reports</i>		
Record Management <i>Documented process for maintenance of records for the short course</i>		
Benchmarking, comparability and referencing <i>Benchmarking report/ analysis, List of references used, Learning programme/ Short Course guide and template – Information on benchmarking, References and Bibliography</i>		

Third Party arrangements (where applicable) <i>Memorandum of agreement with dates and obligations of both parties, copies of license; evidence of recognition of third in country of origin</i>		
	Date	Date
	dd/mm/yyyy	dd/mm/yyyy
	Signature	Signature

4. Declaration.

We the undersigned state that:

- i) the information contained in the application is, to the best of our knowledge, true and accurate.
- ii) our institution has sufficient financial provision to cover its operations.

Name of Management Representative	Surname: _____ Name(s): _____		
Signature	_____	Date	_____ (dd/mm/yyyy)
Name of Chairperson of Governing body	Surname: _____ Name(s): _____		
Signature	_____	Date	_____ (dd/mm/yyyy)
Name of one member of Board of Governors	Surname: _____ Name(s): _____		
Signature	_____	Date:	_____ (dd/mm/yyyy)

5. For official use by BQA

Date application received by Education Records Division	_____ (dd/mm/yyyy)	Full Name:	
Date ETPs data captured on database	_____ (dd/mm/yyyy)		Signature:
Date application received by Registration and Accreditation (TVET)	_____ (dd/mm/yyyy)		Signature:
Name of BQA officer processing application	Surname:: Name(s):		
Date application allocated to Registration and Accreditation Officer	_____ (dd/mm/yyyy)	Allocated by:	