



**Application Form for Inclusion into Quality Assurance Expert
Database**

DQA.GD01.F01

Issue No.: 01

Guidance notes for completion of the attached application form

Note A: Application Form

- This application form is for individuals who wish to be included in the BQA Quality Assurance Expert Database for purposes of providing quality assurance services such as site validation, learning programme evaluation, and auditing.
- Before completing this Application Form, the Applicant should read the Criteria for Selection and Appointment of Quality Assurance Experts.
- The applicant is required to indicate the quality assurance service they wish to provide. Applicants are advised to select only one category.
- The application form should be accompanied by relevant attachments as specified in Section 6.0 of this form. Incomplete submissions will not be processed

Note B: Area of Expertise

In this section please specify the Field of Learning under which your expertise falls. The 14 Fields of Learning are as specified below.

1. Agriculture and Nature Conservation
2. Business, Commerce and Management Studies
3. Culture, Arts and Crafts
4. Education, Training and Skills Development
5. Generic Skills
6. Health and Social Services
7. Humanities and Social Sciences
8. Information and Communication Technology
9. Law and Security
10. Manufacturing, Engineering and Technology
11. Mining and Quarrying
12. Natural Sciences
13. Physical Planning and Construction
14. Services and Life Sciences

Note C: Qualification Type

Qualifications Type Examples: Bachelor's Degree, Bachelor's Degree Honors, Post Graduate Certificate, Post Graduate Diploma, Master's Degree and Doctorate.



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Tick the appropriate box to indicate the area of quality assurance you wish to be considered for.

VALIDATION/LEARNING PROGRAMME EVALUATION

AUDITING

Tick the appropriate boxes to indicate the subsystems relevant to your expertise and experience

General Education (GE)

Technical Vocational Education and Training (TVET)

Higher Education

1.0 PERSONAL INFORMATION (Fill in Using Block Letters)

1.01 Title

1.02 Surname

1.03 First Name(s)

1.04 Maiden Name

1.05 Date of Birth _____ / _____ / _____
(day) (month) (year)



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Gender	
1.06 Place of Birth (State Country)	
1.07 Marital Status	
1.08 Nationality	
1.09 Passport Number	
1.10 ID Number	
1.11 Postal Address	
1.12 Physical Address	



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1.13	Phone	Work:	<input type="text"/>
		Home:	<input type="text"/>
		Cell:	<input type="text"/>
		Fax:	<input type="text"/>
1.14	Email Address		<input type="text"/>
1.15	Employment Status		<input type="text"/>
1.16	Present Employer (if applicable)		<input type="text"/>



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2.0 EDUCATIONAL BACKGROUND

List qualifications relevant for expert service intend to offer.

Name of Qualification	Qualification Type	Name of Institution Awarding Qualification	Local /External	Name of Country (for External Qualification)	Dates From/To (Month/Year)	
					From	To



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3.0 WORK EXPERIENCE

List experience in Profession, Vocation or Trade, with your most recent work experience first

Name of Employer	Address of employer	Dates of employment (mm/yyyy)		Position held	Full-time or Part-time
		From	To		

4.0 AREAS OF EXPERTISE

List all areas of expertise you wish to be considered for.

	Areas of expertise	Field <i>(Please see Guidance Note B)</i>
1.		
2.		
3.		
4.		



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5.0 ATTACHMENTS

Please find enclosed in this application pack, the following documents to support my application:

- Copy of current Curriculum Vitae relevant to the application
- Certified copies of certificates and transcripts
- BQA Evaluation of Qualifications Report
- Evidence of membership of a Professional Association (if applicable).

6.0 REFEREE

Indicate the names and addresses of three referees below:

	First Referee	Second Referee	Third Referee
Name			
Postal Address			
Town/Village			
Country			
Telephone			
Fax			
Email			
Mobile			



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7.0 DECLARATION BY APPLICANT:

I declare that the above details are correct, and I hereby apply to be included in the BQA Quality Assurance Expert Database

Name: _____ **Signature:** _____

Date: _____

Witness:

Name: _____ **Signature:** _____

Date: _____



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10.0 FOR OFFICIAL USE BY BQA

Date application checked _____ / _____ / _____

By (Name) _____

Further information required

Date details captured on database _____ / _____ / _____

Action taken

Meets Criteria Does meet criteria: Reason(s) below

Date empowerment programme attended _____

Quality Assurance Expert number assigned:

By (Name)

Signature: _____

Date of Approval: _____ / _____ / _____

Contract number:

Date of expiry of contract: _____ / _____ / _____