

Application for Additional Site – ETPs

DQA.TVET.P01.F14

Issue No: 01

1. Education and Training Provider Details.

Name of Education and Training Provider:		Registration & Accreditation No.	
Category of ETP : <i>(tick as applicable)</i>	General Education	TVET	Higher Education
Postal address			
Physical address of administration site.			
Physical address of satellites campus.			
Lease period of the administration site <i>(Please write owned if applicable)</i>	Commencement date <i>(dd/mm/yyyy)</i>	Expiry date <i>(dd/mm/yyyy)</i>	
Telephone Number		Fax Number	
Email address			
Name of city/town/village			
District/Sub-district			
Application submitted by		Designation	
Email Address		Telephone	
Name of contact person	<i>(Surname)</i> <i>First name(s)</i>		
Nationality (country)		Gender <i>(tick appropriate box)</i>	Male
			Female
Omang No. (Citizens)/Passport No. (non-Citizens)			
Email Address		Telephone	

Application for Additional Site – ETPs

DQA.TVET.P01.F14

Issue No: 01

2. Additional Site Information

Physical address of additional site			
Postal address (<i>if different from main site</i>)			
Lease period of the new site (<i>Please write owned if applicable</i>)	Commencement date <i>(dd/mm/yyyy)</i>	Expiry date <i>(dd/mm/yyyy)</i>	
Telephone Number		Fax Number	
Email address			
Name of city/town/village			
District/Sub-district			
Name of contact person of new site			
	<i>(Surname)</i>	<i>First name(s)</i>	
Date of birth <i>(dd/mm/yyyy)</i>		Gender <i>(tick appropriate box)</i>	Male
			Female
Nationality (country)			
Omang No. (Citizens)/Passport No. (non-Citizens)			

3. State the scope of education and training services you are accredited for.

Field	Sub-field	Domain	Level



Application for Additional Site – ETPs

DQA.TVET.P01.F14

Issue No: 01

4. Programmes to be offered at Additional site

Table with 3 columns: Field, Name of Learning programme, Level. It contains 6 empty rows for data entry.

5. 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 ETP has sufficient financial provision to cover its operations.

Name of Operational Manager: (surname) (first name(s))

Signature: Date: (dd/mm/yyyy)

Name of Chairperson of Governing body: (surname) (first name(s))

Signature: Date: (dd/mm/yyyy)

Name of one member of Board of Governors: (surname) (first name(s))

Signature: Date: (dd/mm/yyyy)



Application for Additional Site – ETPs

DQA.TVET.P01.F14

Issue No: 01

For official use by BQA.

- i) Date application received and checked:..... Signature:.....
(dd/mm/yyyy)

- ii) Name of BQA officer processing application:.....
(surname) (first name(s))

Date:..... Signature:.....

- iii) Date provider data captured on database:..... Signature:.....
(dd/mm/yyyy)