



# APPLICATION FORM

APPLICATION FOR RENEWAL  
OF ACCREDITATION OF A LEARNING  
PROGRAMME

**Form B**  
**Renewal of Accreditation of Learning**  
**Programme**  
*(regulation 12)*

**1. Details of the Education and Training Provider**

Name of Education and training provider (applicant)		ETP 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



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

Recruitment of qualified staff and enrolment of learners	Applicant	BQA
<b>Relevant qualifications</b>		
<b>Entry requirements</b> (E.g. formal qualifications or pre requisites needed to o Undertake the programme and selection criteria)		
<b>Protection of enrolled learners policy</b>		
<b>Outline of Learning Programme structure</b>		
<b>Learning Programme aims and objectives</b>		
<b>Learning Programme content</b> (An outline of topics covered, in general, credit value, NCQF level,		
<b>Programme Learning outcomes</b> (In general terms, knowledge, skills and Competencies attained by students completing the award)		
<b>Teaching, learning and assessment strategies</b> (This should include continuous assessment (CA) and the portion of marks allocated to both CA and examination, practice based elements ,where applicable )		
<b>Progression pathways</b> (Should include a general statement advising learners on available learning pathways.		
<b>Resources statement</b> (Description of overall resources required for the programme including physical resources and the evaluation of adequacy of resources and ease of access of resources		
<b>MOU in relation to cooperation between two ETPS</b> (Where applicable) (To be completed in the case of learning programmes offered jointly)	Date  dd/mm/yyyy	Date  dd/mm/yyyy
	Signature	Signature

**6. 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)

**7. For official use by BQA**

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