



Application Form for Inclusion into BQA Expert Database

BQA.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 Expert Database for purposes of providing quality assurance services such as site validation, validation of qualifications, learning programme evaluation and auditing services.
- Before completing this Application Form, the Applicant should read the Criteria for Selection and Appointment of Experts.
- The Applicant is required to indicate the quality assurance service(s) they wish to provide.
- 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.

Field of Learning	Tick relevant field(s)
Field 1: Agriculture and Nature Conservation	
Field 2: Business, Commerce and Management Studies	
Field 3: Culture, Arts and Crafts	
Field 4: Education and Training	
Field 5: Generic Skills	
Field 6: Health and Social Services	
Field 7: Humanities and Social Sciences	
Field 8: Information and Communications Technology	
Field 9: Law and Security	
Field 10: Manufacturing, Engineering and Technology	
Field 11: Mining	
Field 12: Natural, Mathematical and Life Sciences	
Field 13: Physical Planning and Construction	
Field 14: Services	

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(es) to indicate the area of quality assurance you wish to be considered for.

ETP Registration and Accreditation

Learning Programme Evaluation

Validation Of Qualification

Auditing

Tick the appropriate box(es) to indicate the subsystems relevant to your expertise and experience

General Education (GE)

Technical Vocational Education and Training (TVET)

Higher Education



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1.0 PERSONAL INFORMATION (Fill in using Block Letters)

Title	Prof.	Dr.	Mr.	Mrs.	Ms.
Surname					
First Name(s)					
Maiden Name					
Date of Birth	_____	_____	_____		
	(day)	(month)	(year)		
Gender	Male			Female	
Place and Country of Birth					
Nationality					
ID Number/Passport Number					
Contact details					
Postal Address					
Physical Address					
Phone	Work:				
	Home:				
Mobile					
Fax					
Email Address					

2.0 EMPLOYMENT STATUS

Present Employer (if applicable)	Duration of Employment



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3.0 EDUCATIONAL BACKGROUND

List qualifications relevant for expert service you intend to offer.

Qualification Name/Type	Name of Institution Awarding Qualification	Country of Awarding Body	Dates From/To (Month/Year)	
			From	To

4.0 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(s) held	Full-time or Part-time
		From	To		



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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 copy of Identity Document
- Certified copies of certificates and transcripts
- BQA Evaluation of Qualifications Report
- Evidence of membership of a Professional Association (if applicable).

6.0 REFERENCE(S)

Indicate the names and addresses of referees below:

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

7.0 PERSONAL BANKING DETAILS FOR EXPERT

Banking Institution	Branch Name	Account Name	Account Number



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8.0 DECLARATION BY APPLICANT:

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

Give Details:

▪ Date details captured on database _____ / _____ / _____

▪ Action taken

Meets Criteria Does not meet criteria: Reason(s) below

▪ Date empowerment programme attended: _____

▪ Expert number assigned:

▪ By (Name)

▪ Signature: _____

Date of Approval: _____ / _____ / _____

Contract number:

Date of expiry of contract: _____ / _____ / _____