



**APPLICATION FOR REGISTRATION AND ACCREDITATION OF AN  
AWARDING BODY**

Plot 66450, Block 7  
Gaborone  
Botswana

Private Bag BO 340  
Gaborone  
Botswana

Telephone: +267 3657200  
Facsimile: +267 3952301  
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Website: [www.bqa.org.bw](http://www.bqa.org.bw)

Initial Registration of Accreditation:

Renewal of Registration and Accreditation:

*(tick appropriate box)***1. Awarding Body Details**

Name of Awarding Body			Registration & Accreditation No.	
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		

**2. Governors / Directors particulars**

Names of Governors / Directors (Surname first)	Nationality (Country)	ID: Omang/ Passport No.	Work experience	Highest level of education attained	Present occupation

**3. The Scope of Qualifications to be Awarded:**

Field	Sub-field	Domain	Qualification Type	NCQF Level	Credits

**4. Partnerships:** (This section should only be completed where an awarding body partnerships exist)

Name of joint awarding partner(s) for qualification(s):	
Do you have a partnership agreement?	
Is this a change to an existing awarding partnership?	

## 5. Declaration.

We the undersigned state that:			
i) 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:	<i>(surname)</i> <i>(first name(s))</i>		
Signature:		Date	<i>(dd/mm/yyyy)</i>
Name of chairperson of Governing body:	<i>(surname)</i> <i>(first name(s))</i>		
Signature:		Date	<i>(dd/mm/yyyy)</i>
Name of one member of Board of Governors:	<i>(surname)</i> <i>(first name(s))</i>		
Signature		Date	<i>(dd/mm/yyyy)</i>

## 6. For Official use only

Date application received by Records Management Division	Date <i>(dd/mm/yyyy)</i>	Full Name	Signature
Date ERD captured data on database	Date <i>(dd/mm/yyyy)</i>		Signature
Date application received by Registration & Accreditation Division	Date <i>(dd/mm/yyyy)</i>		Signature
Name of Registration & Accreditation Officer processing the application	<i>(Surname):</i> <i>(First name(s)):</i>		
Date application allocated to Registration & Accreditation Officer	Date	Allocated by:	

**PLEASE NOTE: Poor quality or inaccurate information submitted may affect the timescales in which a decision has to be made.**