

APPLICATION FORM:

APPLICATION FOR RENEWAL OF
REGISTRATION AND ACCREDITATION
OF EDUCATION AND TRAINING PROVIDER
(ETP)

Form B
Renewal of Registration and Accreditation
(regulation 12)

APPLICATION FOR RENEWAL OF REGISTRATION AND ACCREDITATION

1. Education and Training Provider management and location.

Name of Education and Training Provider			Registration & Accreditation No.	
Postal address				
Physical address of administration site				
Lease period of the administration site (<i>Please write owned if applicable</i>)	Commencement date	Expiry date		
	<i>(dd/mm/yyyy)</i>	<i>(dd/mm/yyyy)</i>		
Telephone Number			Fax Number	
Email address				
Name of city / town / village				
District / Sub-district				
Application submitted by			Designation	
Name of contact person	<i>(Surname)</i>	<i>First name(s)</i>		Individual ID.
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)				

4. 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	<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>

5. For official use by BQA

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 Quality assurance division	Date <i>(dd/mm/yyyy)</i>		Signature
Name of BQA officer processing application	<i>(Surname):</i> <i>(First name(s)):</i>		
Date application allocated to Quality assurance officer	Date	Allocated by:	