



## **FORM C**

### **RENEWAL OF REGISTRATION AND ACCREDITATION (*regulation 8*)**

### **APPLICATION FOR RENEWAL OF REGISTRATION AND ACCREDITATION – ASSESSOR/MODERATOR**

Plot 66450, Block 7  
Gaborone  
Botswana

Private Bag BO 340  
Gaborone  
Botswana

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

Form C  
Application for Renewal of Registration and Accreditation  
(regulation 8)

**ASSESSOR**

**MODERATOR**

*Recent colour  
passport size  
photo*

*(Tick appropriate box)*

**The Category of registration for this application is**

Renewal of Provisional Registration

Renewal of Full Registration

**1.0 PERSONAL INFORMATION (Fill in Using Block Letters)**

**1.1** Title

**1.2** Surname

**1.3** First Name(s)

**1.4** Previous Name(s) *(If applicable)*

**1.5** Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(dd) (mm) (yyyy)

**1.6** Gender

**1.7** Place of Birth *(Country)*

**1.8** Marital Status

**1.9** Nationality

**1.10** ID No.*(Citizens)*;

**1.10.1** Passport No.*(Citizens)*;

**1.11** Postal Address


**1.12 Phone**

Work:

Home:

Cell:

Fax:

**1.13 Email Address**

**1.14 Present Employer (If applicable)**

**2.0 EDUCATIONAL BACKGROUND**

List ALL qualifications relevant to assessment/moderation service you are currently offering or intend to offer.

Name of Qualification	Name of Institution Awarding Qualification	Full address of institution	Dates From/To (mm/yyyy)		Full-time or Part-time
			From	To	

### 3.0 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 (dd/mm/yyyy)		Position held	Full-time or Part-time
		From	To		

### 4.0 ASSESSOR/MODERATOR SERVICES

List all assessor/moderator service(s) for which you wish to be registered and accredited.

	Assessor/Moderator Services
1.	
2.	
3.	

### 5.0 ATTACHMENTS

Please find enclosed in this application pack, the following documents to support my application:

- i. Certified copy of National Identity (Omang) for citizens or passport for non-citizens.
- ii. Certified copies of certificates and transcripts, showing approved course of training and attestation from referees / employer on competencies for services to be provided.
- iii. Evidence of membership of a Professional Association (if applicable).
- iv. Evidence of attainment following assessment against recognised moderator or assessor standards. These could be standards registered on other national qualifications frameworks.
- v. Copy of current CV relevant to the application.

## 6.0 REFERENCES

A minimum of two (2) references should be supplied, and the names and addresses of referees must be indicated below:

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

## 7.0 DECLARATION BY APPLICANT:

I declare that I have not in the past five (5) years been convicted in a court of competent jurisdiction, either within or outside Botswana, for a criminal offence that carries a minimum penalty of six months or more imprisonment without the option of a fine and authorize Botswana Qualifications Authority to seek clarification from the relevant authorities.

I declare that the above details are correct.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**10.0 FOR OFFICIAL USE BY BQA**

Date application received by Educational Records Management Division	_____ (dd/mm/yyyy)	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) (first name(s))		
Date application allocated to Quality assurance officer	_____ (dd/mm/yyyy)	Allocated by:	

▪ Registration and Accreditation number assigned:

▪ By (Name)

▪ Signature: \_\_\_\_\_

Date of registration: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of expiry of registration: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_