



# APPLICATION FORM

APPLICATION FOR APPROVAL OF  
NON-CREDIT BEARING SHORT COURSES

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

Name of Education and training provider (applicant)		ETP Registration and 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 and its attachment have been checked and it contains information in all of the following (tick appropriate boxes):

	Applicant	BQA
<b>Needs Assessment and Rationale</b> <i>Skills needs assessment report; labour market survey reports analysis; relevant job analysis</i>		
<b>Short Course General Information</b> <i>Title, learning field, duration of course, date course developed and date of review</i>		
<b>Course content and delivery</b> <i>Learning programme/ Short Course guide and template</i>		
<b>Assessment and Certification</b> <i>Learning programme/ Short Course guide and template – section on assessment strategies and certain Attach sample certificates</i>		
<b>Mode of delivery</b> <i>Learning programme/ Short Course guide and template – section on modes of delivery</i>		
<b>Monitoring Evaluation and review</b> <i>Documented process on system and review, sample questionnaires, evaluation instruments</i>		
<b>Resources</b> <i>List of facilities, equipment, teaching resources Prescribed Textbooks (for Learners),; CVs of trainers/ teachers; assessor and moderator (where applicable); copies of qualifications and evaluation reports</i>		
<b>Record Management</b> <i>Documented process for maintenance of records for the short course</i>		
<b>Benchmarking, comparability and referencing</b> <i>Benchmarking report/ analysis, List of references used, Learning programme/ Short Course guide and template – Information on benchmarking, References and Bibliography</i>		
<b>Third Party arrangements ( where applicable)</b> <i>Memorandum of agreement with dates and obligations of both parties, copies of license; evidence of recognition of third in country of origin</i>		
	Date	Date
	dd/mm/yyyy	dd/mm/yyyy
	Signature	Signature

**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	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)

**5. For official use by BQA**

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