



NATIONAL COUNCIL ON TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING

Gordon Town Road, P.O. Box 179, Kingston 6, Jamaica W.I., Tel: (876) 977-1700-5, Fax:
(876) 977-1115

APPLICATION FOR ACCREDITATION

Date Form Prepared _____

Type of Application [check (√) one]

Service offered [check (√) one]

- Initial Accreditation
- New Grant of Accreditation
- Reaffirmation
- Special Review

- Training & Assessment
- Assessment only

A. ORGANIZATION DATA

1. Name of Organization _____

2. Address (mailing) _____

3. Telephone (_____) _____ Fax (_____) _____
Area Code Number Area Code Number

4. Director's/Administrator's e-mail address _____

5. Web site address _____

6. Address (physical location) _____

7. Name and title of Director/Administrator _____

8. Name and title of contact person for accreditation _____

9. Date organization commenced training/assessment operations _____

10. Does the organization operate any satellite location(s)? _____

If yes, list address, phone number and administrator of each location (attach a separate sheet if necessary)

Address of satellite location(s) _____

Telephone (_____) _____ Fax (_____) _____
 Area Code **Number** **Area Code** **Number**

Name and title of on-site administrator(s) _____

Location classification [check (√)]: Branch Learning Site Assessment site

11. Is any other activity conducted at any of the location(s) [main or satellite]?

Yes No

If yes, describe the activity _____

12. Type of ownership/control

- Public
- Private
- Community
- Church
- NGO (not-for-profit)

Other (specify) _____

13. Source of Funding

- Government
- Private
- Church/Community

Other (specify) _____

14. Is this organization registered with

- a. Ministry of Education ?
- b. Registrar of companies ?

Other (specify) _____

15. Indicate any period in the calendar year when training and/or assessment is not being conducted.

Dates: _____

B. PERSONNEL

List each person in only **ONE** category

1. Number of Administrative Staff:
2. Number of Training Staff/Trained Assessors:
3. Of the Training Staff:
 - Number who hold Certificate
 - Number who hold Diploma
 - Number who hold Bachelors Degree
 - Number who hold Higher Degrees
4. Number of Support Staff

Part Time	Full Time

C. LEARNERS (*Not to be completed by Assessment Only Applicants*)

1. Present number of regularly enrolled learner:

Full-Time _____ Day _____ Evening _____

Part-Time _____ Day _____ Evening _____

Total _____

2. Learners are currently enrolled as:

Public (non tuition paying) Yes No

Public (tuition paying) Yes No

Private (tuition paying) Yes No

Private (non tuition paying) Yes No

E. PRIOR ACCREDITATION INFORMATION

1. Is this programme or any of its components accredited by any other accrediting body?

Yes No

If yes, state body _____

2. Has this organization had any of its:

	Yes	No
a. Programmes accredited ?	<input type="checkbox"/>	<input type="checkbox"/>
b. Programmes denied accreditation ?	<input type="checkbox"/>	<input type="checkbox"/>
c. Programmes' accreditation withdrawn ?	<input type="checkbox"/>	<input type="checkbox"/>

F. DECLARATION (by head of organization)

1. My organization will co-operate fully with the NCTVET.

Yes No

2. To the best of my knowledge, the details given on this application are correct.

Yes No

3. I understand that once accreditation is awarded the organization is subject to review and, if quality is not maintained, that accreditation may be withdrawn.

HEAD OF ORGANIZATION

NAME (BLOCK LETTERS)

DESIGNATION

SIGNATURE

DATE