

Name and title of on-site administrator _____

Location classification (check one): Branch

Learning Site

B. List all qualification(s) and units of competencies to be offered/discontinued by the organization.

Name/Code of NVQ-J Qualification	Name/Code of Unit of Competence	Is any portion taught through distance delivery? (Y/N)	Total clock /credit hours	Current Enrolment in Qualification/Unit of Competence		Date of commencement
				Part Time	Full Time	
ADD						
DROP						

C. 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is awarded the organization is subject to review and, if quality is not maintained, that accreditation may be withdrawn.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