



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

ACCREDITATION APPLICATION AMENDMENT FORM

Date Form Prepared _____

Change to the Type of Application [check (✓) one]

Change to the Service offered [check (✓) one]

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Initial Accreditation

New Grant of Accreditation

Reaffirmation

Special Review

<input type="checkbox"/>
<input type="checkbox"/>

Training & Assessment

Assessment only

A. ORGANIZATION DATA

1. Name of Institution _____
2. Address (mailing) _____

3. Telephone (_____) _____ Fax (_____) _____

Area Code Number

Area Code Number

B. AMENDMENTS MADE TO ACCREDITATION APPLICATION

Change of Organizational Data:

Director/Administrator () _____
 Name

Contact Person () _____
 Name

Address () _____
 Address of Physical Location

Other Change(s); State _____

C. CHANGES IN 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

D1. Change(s) to Qualification(s)/Unit(s) of Competencies for which accreditation is being sought.*(Not to be completed by Assessment Only Applicants)*

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	

NVQ-J programmes for which competency standards are available, please attach qualification plans indicating competencies offered.

[illegible]

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is awarded the organization is subject to review and, if quality is not maintained, that accreditation may be withdrawn.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