



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]

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

Service offered [check (✓)]

- Training & Assessment
- Assessment only

Supporting Documents [check (✓)]

- Institution's Policy Manual (current)
- Signed Qualification Plans

Proposed Evaluation Date: _____

A. ORGANIZATION DATA

1. Name of Organization/ _____
Institute _____

2. Address _____
(main office) _____

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

4. (If Institute) Name and _____
location of campuses _____

5. Name and title of Director/Chief Administrator _____

6. Mailing Address (if different from main office) _____

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

8. Name and title of contact person _____

9. Email address and phone number of contact person _____

10. Commencement date of initial training/assessment operations _____

11. Does the organization/institute operate any satellite location? [YES] [NO]
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

12. Is there any other activity conducted at any of the locations (main or satellite)?
Yes No

If yes, describe the activity _____

13. Type of ownership/control

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

Other (specify) _____

14. Source of Funding

- Government
- Private
- Church/Community

Other (specify) _____

15. With which organization/s are you registered?

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

Other/s (specify) _____

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

Dates: _____

B. PERSONNEL

Account for each staff member in only ONE category

	Part Time	Full Time
1. Number of Administrative Staff		
2. Number of Training Staff/Trained Assessors		
3. Certification of the Training Staff/ Assessors:		
• Number who hold Certificate		
• Number who hold Diploma		
• Number who hold Bachelor’s Degree		
• Number who hold Higher Degrees		
4. Number of Support Staff		

C. LEARNERS (Training & Assessment learners only)

1. Total number of learners enrolled in the programmes for which accreditation is being sought: _____

(A breakdown of the number of trainees enrolled in each programme is to be given in Section D1.)

2. Learners are currently enrolled as:

Public (non-tuition paying)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Public (tuition paying)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Private (tuition paying)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Private (non-tuition paying)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

D1. PROGRAMMES (Training & Assessment)

- List all programmes for which accreditation is being sought.
- Attach a signed copy of the Qualification Plan for *each* of the NVQ-J programme for which accreditation is being sought.

Programmes		Is any part delivered through distance mode? Yes/No	Type of Award (e.g. NVQ-J, Statement of Competency, Certificate or Diploma)	Duration of Programme	Current Enrolment in Programme		Commencement Date
Name of Programme	Qualification Code				Part Time	Full Time	
<i>Example: Carpentry</i>	<i>BCG10107</i>	<i>No</i>	<i>NVQ-J Level I</i>	<i>9 months</i>	<i>32</i>	<i>50</i>	<i>Oct 8, 2010</i>

D2 PROGRAMMES (*Assessment Only*)

- List all programmes for which accreditation is being sought.
- Attach *a* signed copy of the Qualification Plan for *each of* the NVQ-J programme for which accreditation is being sought.

PROGRAMME		NVQ LEVEL <i>(Levels 1-3 only)</i>
Name of Programme	Qualification Code	
<i>Example: Electrical Installation</i>	<i>MEM11007</i>	<i>NVQ-J Level 1</i>

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/institute previously 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/institute)

1. My organization/institute 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/institute is subject to review and, if quality is not maintained, that accreditation may be withdrawn, as outlined in the NCTVET's Handbook of Accreditation & Audit.

HEAD OF ORGANIZATION/INSTITUTE

NAME (BLOCK LETTERS)

DESIGNATION

SIGNATURE

DATE

ADDENDUM

GUIDELINES TO SUBMITTING THE APPLICATION FOR ACCREDITATION

1. *This form is to be completed by the authorized person at the institution seeking accreditation and submitted to the NCTVET **2–3 months before the proposed evaluation date.***

2. *The following documents **MUST** be submitted along with the completed application form:*
 - (i) *Organization/Institute’s Policy Manual*
 - (ii) *Signed Qualification Plans of the skill areas for which accreditation is being sought.*

3. *The NCTVET will allow the proposed date for the evaluation exercise to be changed **only once.** Any further change will result in the resubmission of the application form and other documents, within 2–3 months of the new proposed date.*