



APPLICATION FORM

APPLICATION FOR ACCREDITATION
OF LEARNING PROGRAMME

SCHEDULE

Form A

Application for Accreditation of Learning Programme

(regulation 4)

1. Details of the Education and Training Provider

Name of Education and training provider (applicant)		ETP 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

2. Description of the learning programme(s)

Please note: The table maybe reproduced if space provided is not enough.

Title of Qualification ¹	Code	Title of learning programme	NCQF level	Sub-field	Total credits of the learning programme	Proposed start date

¹ Qualifications include part qualifications such as unit standards

3. This application has been checked and it contains information in all of the following (tick appropriate boxes):

Recruitment of qualified staff and enrolment of learners	Applicant	BQA
Relevant qualifications		
Entry requirements (E.g. formal qualifications or pre requisites needed to Undertake the programme and selection criteria)		
Protection of enrolled learners policy		
Outline of Learning Programme structure		
Learning Programme aims and objectives		
Learning Programme content (An outline of topics covered, in general, credit value, NCQF level,		
Programme Learning outcomes (In general terms, knowledge, skills and Competencies attained by students completing the award)		
Teaching, learning and assessment strategies (This should include continuous assessment (CA) and the portion of marks allocated to both CA and examination, practice based elements ,where applicable)		
Progression pathways (Should include a general statement advising learners on available learning pathways.		
Resources statement (Description of overall resources required for the programme including physical resources and the evaluation of adequacy of resources and ease of access of resources		
MOU in relation to cooperation between two ETPS(Where applicable) (To be completed in the case of learning programmes offered jointly)	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 Quality assurance division	_____ (dd/mm/yyyy)		Signature:
Name of BQA officer processing application	Surname:: Name(s):		
Date application allocated to Quality assurance officer	_____ (dd/mm/yyyy)	Allocated by:	