



APPLICATION FORM

APPLICATION FOR RENEWAL
OF ACCREDITATION OF A LEARNING
PROGRAMME

Form B
Renewal of Accreditation of Learning
Programme
(regulation 12)

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

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

6. 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)

7. For official use by BQA

Date application received by Education Records Division	_____ (dd/mm/yyyy)	Full Name	Signature:
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:	