



APPLICATION FOR ACCREDITATION

NB: This application form must be completed by people seeking accreditation and not re-accreditation or expansion of services.

SECTION "A" - BUSINESS INFORMATION		PLEASE COMPLETE ALL AREAS OF SECTION "A"
Operating name of institution:		
Street Address:		
Mailing Address:		
Telephone number:	Fax:	E-mail Address (if available)
Is the institution privately or publicly owned?		
Name of owner(s) or controlling body	Identity /Passport number	

Legal status of institution (e.g. Cc/trust etc)	

CONTACT INFORMATION		
Name of Contact Person:	Telephone number:	
Position in organisation:	Postal Address:	Fax number:
Email Address (if available):		
Details of Senior Management (e.g. Heads of Department, rectors and senior administrators)		
Name	Position	Identity /Passport Number

DECLARATION:

I declare that all information in this form and associated application pack is true and correct.
I agree to abide by any applicable legislation of relevance to our operations.
I agree to notify the NQA of any significant changes to our position as an institution.
I agree to give free and full access to any facilities and documents relevant to this application and its ongoing effect.

AUTHORIZED SIGNATURE

DATE

TITLE

REMINDER: THIS APPLICATION MUST BE ACCOMPANIED BY SUPPORTING EVIDENCE SHOWING THAT THE CRITERIA SET FOR THE GRANT OF ACCREDITATION HAVE BEEN MET. EVIDENCE MUST ALSO BE PRESENTED OF THE EXISTENXE OF AN APPROPRIATE AND EFFECTIVE SYSTEM FOR THE MANAGEMENT OF QUALITY EXISTS.

NQA USE ONLY
Accreditation Officer approval: _____ Approved or _____ Follow-up required re: _____
AO signature: _____ Date: _____