

Private Bag 13247
Windhoek, Namibia



Tel: +264 (0)61 384 100
Fax: +264 (0)61 384 114

APPLICATION FOR RE-ACCREDITATION

NB: This application form must be completed by persons, institutions and organisations seeking re-accreditation and not for accreditation and expansion of accreditation.

SECTION "A" - BUSINESS INFORMATION		PLEASE COMPLETE ALL AREAS OF SECTION "A"
Operating name of institution:		
Accreditation number:		
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	
Since the last accreditation, has the organisation		
a) been audited or investigated by the NQA or other body		
b) committed an offence under section 13 of the Act		
c) made any changes to existing courses or programmes		
d) undertaken any formal self-evaluation or internal audit		
If yes to any, please attach relevant information or documentation.		

List any courses no longer offered/Courses that must be deleted from the register				
Name of Courses	Primary Delivery Mode	Residential/Non-Residential/Mix	Franchise Partners	Site(s) & Courses offered

DECLARATION:

I declare that all information in the form and pack is true and correct.
 I agree to abide by any applicable legislation of relevance to their operations.
 I agree to notify the NQA of any significant changes to their 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: PLEASE ATTACH ANY SELF-EVALUATION OR INTERNAL AUDIT REPORTS DEMONSTRATING ONGOING COMPLIANCE AND EFFECTIVENESS WITH RESPECT TO THE REQUIREMENTS OF THE STANDARD FOR ACCREDITATION.

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