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APPLICATION FOR EXPANSION OF ACCREDITATION

NB: This application form must be completed by persons, institutions or organisations seeking expansion of accredited services.

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 and title of person completing application (Contact Person):		Telephone no:	
Position:	Postal Address:	Fax no.	
Email Address (if available):			

SECTION "B" – INFORMATION ON SERVICES TO BE EXPANDED

PLEASE COMPLETE ALL AREAS OF SECTION B

List all courses/programs currently offered by the institution.

Name of Courses/Programs	No Change	Change of site(s)	Change of Delivery Mode	Change in Franchise Agreement

List all new courses/programs to be included under accreditation expansion (attach additional sheet/s if necessary)

Name of Courses/Programs	Primary Delivery Mode	Residential (Live-in) /Non-residential	Franchise Partners

Provide reasons for expansion of services:

List all new sites or locations to be included under accreditation expansion (attach additional sheet/s if necessary).

Street Address	City/Town/Village	Courses/Programs offered at the site	

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 THAT DEMONSTRATES THAT THE EXISTING SYSTEM FOR MANAGING QUALITY HAS BEEN APPROPRIATELY AMENDED AND UPDATED TO COVER ALL NEW COURSES/PROGRAMS AND/OR DELIVERY SITES.

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