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| newsqa | Seychelles Qualifications Authority (SQA) |

# Application for Institutional Accreditation

**1. Institution details**

|  |  |
| --- | --- |
| **Name of the provider:** |  |
| **Website URL:** |  |
| **Physical Address:** |  |
| **Postal Address:** |  |
| **Main telephone number:** |  |
| **Brief history of establishment and years of operation:** |  |
| **Accreditation history/existing accreditations:** |  |
| **Name of the Director:** |  |
| **Contact details of the Director** | Office number:  Cell phone:  Fax:  Email address: |
| **Name of the liaison person for Accreditation:** |  |
| **Contact details of the liaison person for Accreditation:** | Cell phone:  Fax:  Email address: |

**2. Attachments**

The following documentation is attached:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** | **Give details/list** | **NO** |
| Organisation chart |  |  |  |
| Terms of Reference of Committees (e.g. Academic Board or equivalent, Management Team etc.) |  |  |  |
| Inventory of equipment |  |  |  |
| Copies of current institutional policies |  |  |  |
| Current strategic plan |  |  |  |
| Current prospectus and any other promotional material (brochures etc.) |  |  |  |
| Examples of staff and student handbooks |  |  |  |
| Example of a programme handbook |  |  |  |
| Copies of any recent institutional research reports/review reports/self-evaluation reports/ internal audit reports/financial audit report |  |  |  |
| Copies of current health and safety certification |  |  |  |
| Other: |  |  |  |

**3. Staff and learners**

|  |  |
| --- | --- |
| Total number of full time learners |  |
| Total number of part time learners |  |
| Total number of management staff |  |
| Total number of teaching/research staff |  |
| Total number of administration/support staff |  |

**4. Programmes offered:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of the programme** | **Mode of delivery** *(e.g. face to face, distance, blended)* | **Duration of the programme in total hours** | **Duration of the programme in teaching weeks** | **Number of learners currently enrolled in the programme** | | | | **Number of graduates of the programme at the last graduation** | **Number of teaching staff currently employed to teach on the programme** | **Number of technical staff directly servicing the programme** | **Number of administration staff directly servicing the programme** |
| Y1 | Y2 | Y3 | Y4 |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**5. Support services**

Give brief information on services offered to learners:

|  |  |
| --- | --- |
| Health/counselling |  |
| Sport/recreation |  |
| Careers/placement |  |
| Disability support |  |
| Pastoral care |  |
| Academic support |  |
| Clubs/student union/student representative council |  |

**6. Stakeholders**

Give details of method/frequency of obtaining feedback from your stakeholders (e.g. surveys, committees, interviews):

|  |  |
| --- | --- |
| From learners: |  |
| From graduates: |  |
| From staff: |  |
| From employers: |  |

**7. Proposed timeframe for Accreditation**

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| --- | --- | --- |
|  | Proposed timing: | Should be: |
| Suggested date for Initiation Meeting: |  | A few days after submission of this application |
| Suggested dates for self-evaluation: |  | A four week period commencing within one or two weeks of submission of this application. Note that you may want to schedule this to include one or two non-teaching weeks to ensure dedicated availability of staff |
| Proposed submission date for the self-evaluation report |  | The final day of the four week self-evaluation period. |
| Suggested dates for the accreditation visit: |  | The week following the submission of the self-evaluation report |

**8. Signed for the provider**

**I declare that I am authorised to make this application on behalf of the provider and that all the information provided in this application is correct.**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Signature: |  |
| Date of this application: |  |

[[1]](#footnote-1)

1. **Please ensure that:**

   **you are a registered training provider before submitting your application**

   **you submit 1 hard copy and 1 soft copy of filled institutional accreditation application form and all associated documents to SQA** [↑](#footnote-ref-1)