

NATIONAL ACCREDITATION BOARD

ST. VINCENT AND THE GRENADINES



APPLICATION FOR REGISTRATION OF INSTITUTIONS/TRAINING PROVIDERS

DATE OF APPLICATION: [Click here to enter a date.](#)

NAME OF INSTITUTION/PROVIDER: [Click here to enter text.](#)

REGISTRATION OF POSTSECONDARY/TERTIARY EDUCATIONAL INSTITUTIONS/TRAINING PROVIDERS OPERATING IN SVG

Introduction

The National Accreditation Board was established under the authority of the Further and Higher Education (Accreditation) Act No. 35 of 2006. One of its functions is

“To register institutions within and outside of St. Vincent and the Grenadines which offer programmes of study in St. Vincent and the Grenadines delivered by face to face or distance learning modality or a combination of both;”

Aim

The aim of registration is to certify that an institution meets or exceeds certain standards required to operate in St. Vincent and the Grenadines.

The registration process is the first step towards accreditation of programmes offered by a provider as it will provide registered providers with a foundation for logical development towards accreditation.

Objectives

The objectives of registration are to:

- a. Certify that institutions/providers are legally operating within the domain of St. Vincent and the Grenadines
- b. Certify that institutions/providers (local, regional and international) operating in St. Vincent and the Grenadines comply with relevant legislation; and
- c. Develop a register of institutions/providers which have gained approval by the National Accreditation Board.

Registration Period

One (1) year – to be renewed annually

Application for Registration

To become registered as an institution/provider you must complete the prescribed **“Application for Registration of Institutions”** form which is available from the office of the National Accreditation Board.

THE NATIONAL ACCREDITATION BOARD

APPLICATION FOR REGISTRATION

Form R1

A. GOVERNANCE AND MISSION

1. Name of Institution/Provider: Click here to enter text.

2. Name of Principal/Director: Click here to enter text.
(Attach Curriculum Vitae)

3. Address: Click here to enter text.

Tel#: Click here to enter text. Fax#: Click here to enter text. Mobile#: Click here to enter text.

Primary E-mail: Click here to enter text. Secondary Email: Click here to enter text.

Website: Click here to enter text.

4. Premises: Owned Leased Rented

5. Date Institution was established: Click here to enter a date.

6. (a) Date institution enrolled its first students: Click here to enter a date.

(b) Date institution graduated its first students: Click here to enter a date.

7. Type of Control: Public Private Other

If Other, please explain: Click here to enter text.

(a) Institutional Affiliations (Please specify all religious/educational institutions with which you are affiliated):

Click here to enter text.

(b) Names & Addresses of Accreditation Authorities (Please specify all accreditation agencies which have accredited your programmes/institution):

Click here to enter text.

8. Names of Board of Governors and state position and qualifications of each member
Please Attach separately in a table using the following format:

Name of Board of Governors	Position served on the Board	Qualifications
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9. State Mission of Institution:
Click here to enter text.

B. ADMISSION POLICIES

1. State the requirements for admission of students to your institution and explain any exceptions from these requirements:

Click here to enter text.

2. Enrolment and Output

Where necessary, arrange the following in a table or tables and attach separately:

a. Full-time enrolment: Male Female

b. Part-time enrolment: Male Female

c. Enrolment by programmes and gender:

Programme	No. of Males Enrolled	No. of Females Enrolled	Total Enrolled
Taught Programmes	Click here to enter text.	Click here to enter text.	Click here to enter text.
Distance Programmes	Click here to enter text.	Click here to enter text.	Click here to enter text.

d. Enrolment by year of study and gender:

Year of Study	No. of Males Enrolled	No. of Females Enrolled	Total Enrolled
Year One	Click here to enter text.	Click here to enter text.	Click here to enter text.
Year Two	Click here to enter text.	Click here to enter text.	Click here to enter text.
Year Three	Click here to enter text.	Click here to enter text.	Click here to enter text.
Year Four	Click here to enter text.	Click here to enter text.	Click here to enter text.
Year Five	Click here to enter text.	Click here to enter text.	Click here to enter text.
Year Six	Click here to enter text.	Click here to enter text.	Click here to enter text.

e. Output over the last **three (3) years** by programme and gender:

Year	Programme	No. of Male Graduates	No. of Females Graduates	Total Graduates
<input type="checkbox"/>	Occupational training at the craftsman/clerical level			
<input type="checkbox"/>	Occupational training at the technical or semi-professional level			
<input type="checkbox"/>	Programmes designed for transfer to a degree			
<input type="checkbox"/>	Teacher training			
<input type="checkbox"/>	General			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

f. Current enrolment number: Male Female

g. Current enrolment number: Local Regional International

C. EDUCATIONAL PROGRAMMES

1. Level of offering (*check all that apply*):

<input type="checkbox"/>	Less than one year of work beyond CXC or GCE O'Level
<input type="checkbox"/>	At least one, but less than two years of work beyond CXC or GCE O'Level
<input type="checkbox"/>	Diploma or Certificate programme of at least two years of work beyond CXC or GCE O'Level
<input type="checkbox"/>	Associate Degree granting programme
<input type="checkbox"/>	Bachelor's Degree granting programme
<input type="checkbox"/>	Master's Degree and/or work beyond the first professional degree
<input type="checkbox"/>	Work beyond the Master's Level
<input type="checkbox"/>	Other (<i>specify</i>): Click here to enter text.

2. Type of programmes (*check all that apply*):

<input type="checkbox"/>	Professional
<input type="checkbox"/>	Other (<i>specify</i>): Click here to enter text.

3. List all programmes offered, their duration, number of credits and the type of award (i.e. certificate, diploma, bachelor's degree etc.) made on the successful completion of the programme. **Please Attach separately in a table using the following format:**

Programme	Duration	No. of Credits	Award
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4. State what constitutes a normal credit hour load:

Programme Level	Lecture Hours	Tutorial Hours
Undergraduate	Click here to enter text.	Click here to enter text.
Graduate	Click here to enter text.	Click here to enter text.
Professional	Click here to enter text.	Click here to enter text.

Practical	Hours
Laboratory Work	Click here to enter text.
Practicum/Job Attachment	Click here to enter text.

5. State the method of assessment of students, for example, the number of tests or examinations administered during the programme, their frequency and value (*Attach separately if more space is needed*):

[Click here to enter text.](#)

6. Mode/s of Delivery: Choose an item.

Please give a detailed description of the mode of delivery chosen above:

[Click here to enter text.](#)

7. List all programmes accredited by other agencies, the agency name and the date of the last review. **Please Attach separately in a table using the following format:**

Programme	Accreditation Agency	Date of Last Review
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8. State the content of each programme/course offered. **Please Attach Separately.**

D. STAFFING AND PROFESSIONAL DEVELOPMENT

1. Teaching Staff. Provide Curriculum Vitae for each member of staff. **Please Attach separately in a table using the following format:**

Name	Qualifications with conferring Institutions and date e.g. B.Sc (Natural Sciences) UWI, 1984 (Attach Curriculum vitae)	Subject(s) or Courses currently teaching	Full-time /Part-time	Total teaching load in hours per week
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2. Administrative and Technical Support Staff. Provide Curriculum Vitae for each member of staff. **Please Attach separately in a table using the following format:**

Name	Qualifications and Institutions attended	Area of Work	Full-time/ Part-time
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3. Library Staff. Provide Curriculum Vitae for each member of staff. **Please Attach separately in a table using the following format:**

Name	Qualifications and Institutions attended	Area of Work	Full-time or Part-time
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4. Other Professional Staff. Provide Curriculum Vitae for each member of staff. **Please Attach separately in a table using the following format:**

Name	Qualifications and Institutions attended	Area of Work	Full-time or Part-time
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5. Staff Development Policy: state institutional Policy and Plan for staff development:
[Click here to enter text.](#)

E. STUDENT SUPPORT SERVICES

1. State the support services available to students. **Please Attach separately in a table using the following format:**

Service	Description	Free or Priced
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F. LEARNING AND INFORMATION RESOURCES

1. State the learning resources available to students (*quantify where possible*):

Learning Resource	Quantity	Description
Library	Click here to enter text.	Click here to enter text.
Reference Books	Click here to enter text.	Click here to enter text.
Periodicals	Click here to enter text.	Click here to enter text.
Laboratories	Click here to enter text.	Click here to enter text.
Computers	Click here to enter text.	Click here to enter text.
Internet Access	Click here to enter text.	Click here to enter text.
Audio-Visual Aids	Click here to enter text.	Click here to enter text.
Other	Click here to enter text.	Click here to enter text.
Other	Click here to enter text.	Click here to enter text.

2. Describe the Library/Learning Resource Centre facilities as follows:

Of the total, estimate square meters devoted to:

Learning Resource	Quantity	Description
Stack areas for shelving volumes	Click here to enter text.	Click here to enter text.
Seating Capacity	Click here to enter text.	Click here to enter text.
Staff Office and Work areas	Click here to enter text.	Click here to enter text.
Media Productions	Click here to enter text.	Click here to enter text.
Laearning Labs	Click here to enter text.	Click here to enter text.
Listening Rooms	Click here to enter text.	Click here to enter text.
Internet Access	Click here to enter text.	Click here to enter text.
Other	Click here to enter text.	Click here to enter text.
Total square metres allocated to library functions	Click here to enter text.	Click here to enter text.

G. FINANCES

1. State

- a. Your current fee structure: Click here to enter text.

b. Other sources of revenue: [Click here to enter text.](#)

2. State your revenue and expenditure for the past 3 years (provide audited financial statements, where applicable):

a. Current expenditure for the past 3 years: b. Current revenue for the past 3 years:

Year	Amount (EC\$)
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Year	Amount (EC\$)
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

3. Provide Budget Projections for current financial year. **Please Attach Separately.**

H. PHYSICAL PLANT

1. State area occupied by institution: [Click here to enter text.](#) square meters.

Rate each building on each of the following according to the scale indicated:

Building	Rating
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.
Click here to enter text.	Choose an item.

2. Please provide the following:

- a. Copy of Floor Plan
- b. Information on Health & Safety Compliance

I. INSTITUTIONAL PLAN

State:

Existing Buildings	Buildings Under Construction	General Adequacy	Size	Fireproof Quality	Present State of Repair or Construction	Lighting
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a. The plan for your institution, for example, the annual plan, a five year plan or ten year plan:
[Click here to enter text.](#)

b. The method of financing the plan:
[Click here to enter text.](#)

c. The evaluation process in place to address the educational, physical and financial growth of your institution:
[Click here to enter text.](#)



Name of Authorised Official:

Please return completed form to:

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(Print in block letters)

The Executive Director
National Accreditation Board
Accreditation Unit
2ND FL. Coreas Building
Halifax Street, Kingstown
St. Vincent and the Grenadines

Title of Office:

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Signature:

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Official Stamp: (*Institution*)

