**IEQAB ( International Education Quality Accreditation Body) E-Mail:** [accreditation@ieqab.org](mailto:accreditation@ieqab.org)

APPLICATION FOR RE-ACCREDITATION

**NB: This Re-Accreditation application form must be completed by persons, institutions and organisations seeking IEQAB re- accreditation and not for initial or primary accreditation purposes.**

|  |  |  |
| --- | --- | --- |
| **SECTION “A” – INSTITUTE’S BUSINESS INFORMATION** | **PLEASE COMPLETE ALL AREAS OF SECTION “A”** | |
| Operating name of institution: | | |
| Accreditation number: | | |
| Street Address: | | |
| Mailing Address: | | |
| Telephone/Mobile 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 organization/institution   1. been audited or investigated by the IEQAB body 2. committed to follow the IEQAB official Accreditation’s legislation and instructions 3. made any changes to existing courses or programmes 4. undertaken any formal self-evaluation or internal audit or Program assessment/re-assessment   If yes to any, please attach relevant information or documentation (or Contact with IEQAB Office directly). | | |

|  |  |  |
| --- | --- | --- |
| **CONTACT INFORMATION** | | |
| Name and title of person completing application(Contact Person) | Telephone/Mobile no. | |
| Position:  Email Address (if available): | Postal Address: | Fax no. |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION “B” – INFORMATION FOR RE-ACCREDITATION** | | **PLEASE COMPLETE ALL AREAS of SECTION B** | |
| Scope of Services.  List all courses/Programs currently offered by the institution. | | | |
| **Name of Courses/Programs** | **Primary Delivery Mode** | **Residential (Live-in)/Non- Residential/Mix** | **Franchise Partners (if**  **applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 Accreditation Application form and pack to the best of my knowledge is true and correct.

I agree to abide by IEQAB any applicable legislation of relevance to their operations.

I agree to notify the IEQAB of any significant changes or updates to their position as an institution.

I agree to give free and full access to any facilities and documents relevant to this Re-Accreditation application and its ongoing effect.

I agree on the point that IEQAB reserves the rights lawfully in terms of amends, changes or updates IEQAB Accreditation terms and policies.

AUTHORIZED SIGNATURE DATE OF APPLICATION SUBMISSION

\_ TITLE/POSITION

**REMINDER: PLEASE ATTACH ANY SELF-EVALUATION OR INTERNAL AUDIT REPORTS DEMONSTRATING ONGOING COMPLIANCE AND EFFECTIVENESS WITH RESPECT TO THE REQUIREMENTS OF THE IEQAB STANDARD FOR ACCREDITATION.**

|  |
| --- |
| **IEQAB OFFICE USE ONLY** |
| Accreditation Officer approval: Approved or Follow-up required re: \_\_\_\_\_ |
| IEQAB Official signature: Date of Re-Accreditation Approval: .\_\_\_\_\_\_\_\_\_\_\_ |