**Application Form for Accreditation**

**Training& Education Provider Accreditation**

**Document no. F-TP-06**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GENERAL INFORMATION**  TRAINING/EDUCATION PROVIDER NAME:  (Indicate exactly how the name of the training provider is to appear on the certificate of accreditation) | | | | | | | | | | | |
| NAME OF COMPANY:  (\*If the training/education provider is part of larger corporate entity) | | | | | | | | | | | |
| LEGAL STATUS:  (e.g. Govt. Dept., Private., association, , etc) | | | | |  | | | REGISTRATION NO:  (a copy of the legal entity to be attached) | | |  |
| V PHYSICAL ADDRESS(ES) | | | | |  | | | | | | |
| POSTAL ADDRESS  (\*If different from the above) | | | | |  | | | | | | |
| TEL. |  | | | | | FAX |  | | | | |
| WEBSITE | | |  | | | ORGANIZTION E-MAIL | | | |  | |
| AUTHORISED  REPRESENTATIVE | | | |  | | DESIGNATION | | |  | | |
| E-MAIL | |  | | | | Mobile phone | |  | | | |
| Date of establishment | |  | | | | Total number of staff | |  | | | |

**Programs Tutors**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Program title** | **Names of program tutor** | **Qualifications** |
|  |  |  |  |
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**Training/Education Programs**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Program Subject** | **Method(s) of delivery e.g. classroom, workshops, e-learning** | **Description of Syllabus** | **Program Duration** |
|  |  |  |  |  |
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**Prepared by**

|  |  |  |
| --- | --- | --- |
| Name | Designation | Date |
|  |  |  |