



The National Accreditation Council of Guyana REGISTRATION

APPLICATION FOR REGISTRATION

A. ORGANISATION

1. Name of Institution: _____

2. Name of Principal/Director: _____

(Attach Curriculum Vitae)

3. Address of Institution: _____

Tel: _____ Fax: _____ E-mail: _____

4. Premises: Owned Leased Rented

5. Date Institution was established: _____

6. (a) Date Institution enrolled its first students: _____

(b) Date Institution graduated its first students: _____

7. Type of Control: Public Private Religious Affiliation (please specify): _____

8. Name Board of Governors and state position and qualifications of each member (*Please attach separately*)

9. State Mission of Institution:

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10. State the requirements for admission of students to your Institution and explain any exceptions from these requirements (attach separately if necessary):

11. Enrolment & Output:

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

1. Full-time enrolment Male Female
2. Part-time enrolment Male Female
3. Enrolment by programmes and gender _____
4. Enrolment by year of study and gender _____
5. Output over the last 3 years by programme and gender _____

B. EDUCATIONAL PROGRAMMES

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

- Less than one year of work beyond CXC or GCE 'O' level or equivalent
- At least on but less than two years of work beyond CXC or GCE 'O' level or equivalent
- Diploma or certificate programme of at least two years of work beyond CXC or GCE
- Associate Degree granting programme
- Bachelor's Degree granting programme
- Master's and/or work beyond the first professional degree
- Work beyond the Master's level
- Other (specify) _____

2. Types of programmes (check all that apply):

- Occupational training at the craftsman/clerical level
- Occupational training at the technical or semi-professional level
- Programmes designed for transfer to a degree
- Teacher preparation
- General
- Professional
- Other (specify) _____



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3. List all programmes offered, their duration and the type of award (*i.e. certificate diploma, etc.*) made on the successful completion of the programme (*attach separately if more space is needed*):

Programme	Duration	Award

4. State what constitutes a normal credit hour load:

- a. Undergraduate: _____ lecture hours
- b. Graduate: _____ lecture hours
- c. Professional: _____ lecture hours
- d. Laboratory work/practicum: _____ lecture hours

5. State the method of assessment of students, for example, the number of tests or examinations administered during the programme. Their frequency and value:

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6. List all programmes accredited by other agencies, the agency name, and the dates of the last review:

Programme	Accrediting Agency	Date of last review

C. STAFFING

1. Teaching Staff

(Use extra space if necessary or attach separately)

Name	Qualifications with Conferring Institution and date e.g. B.Sc. (Natural Sciences) UWI, 1984	Subject(s) or Courses currently teaching	Full-time or Part-time	Total teaching load in hours per week

2. Administrative and Technical Support Staff

Name	Qualifications & Institutions	Area or work	Full-time or Part-time



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3. Library Staff

1. Librarians: Full-time Part-time
2. Other professional staff: Full-time Part-time

D. LEARNING RESOURCES

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

- (a) Library: _____ Reference Books: _____ Periodicals & Journals: _____
(b) Laboratories _____
(c) Computers: _____
(d) Internet Access: _____
(e) Audio-visual aids: _____
(f) Other learning resources (please specify): _____

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

Of the total, estimate square meters devoted to:

- (a) Stack areas for shelving volumes: _____
(b) Seating capacity: _____
(c) Staff office and work areas: _____
(d) Other areas (e.g. media production, learning labs, listening rooms, and internet access):

(e) Total square meters allocated to Library functions: _____

E. FINANCIAL RESOURCES

1. State:

- (a) your current fee structure:

- (b) other sources of revenue:

20__ 20__ 20__

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2. Current expenditure for the last 3 years:

Yr:	\$	Yr:	\$	Yr:	\$
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3. Current revenue for the past 3 years:

Yr:	\$	Yr:	\$	Yr:	\$
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4. Is an audited financial statement available for the last financial year?

Yes No

F. PHYSICAL RESOURCES

State the area occupied by the Institution: _____ square meters.

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

1- Excellent 2 - Good 3 - Satisfactory 4 - Marginal 5 - Unsatisfactory

Existing Buildings & Buildings under construction	General Adequacy	Size	Fireproof Quality	Present state of repair/ construction	Lighting



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G. INSTITUTIONAL PLAN

(Attach separately if more space is needed)

- a. State the plan for your Institution, for example, the annual plan, a five-year plan or a ten-year plan.
- b. State also the method of financing the plan.
- c. State the evaluation process in place to address the educational, physical and financial growth of your Institution.

Please return completed form to:

**Secretariat
National Accreditation Council
Ministry of Education Building
109 Barima Avenue, Bel Air park
Georgetown
Tel: 592 223-7935/225-9526/225-7662**