



Private Bag 13247  
Windhoek, Namibia

Tel: +264 61 384 100  
[accreditation@namqa.org](mailto:accreditation@namqa.org)

## APPLICATION FOR ACCREDITATION

**NB: This application form must be completed by persons, institutions and organisations seeking accreditation and not for re-accreditation and expansion of accreditation**

SECTION "A" – TRAINING PROVIDER INFORMATION	PLEASE COMPLETE ALL AREAS OF SECTION "A"
Operating name of the institution:	
Street Address:	
Mailing Address:	
Telephone number:	E-mail Address:
Is the institution privately or publicly owned?	
Name of owner (s) or controlling body	Identity / Passport number
Legal status of the institution (e.g. CC/trust)	

**CONTACT INFORMATION**

Name and title of person completing application (Contact Person)

Telephone no.

Position:

Postal Address:

Email Address:

**DETAILS OF SENIOR MANAGEMENT (e.g. HEADS OF DEPARTMENT, RECTORS AND SENIOR ADMINISTRATORS)**

Name and Surname	Position	Identity / Passport Number

**SECTION "B"****OVERVIEW OF OPERATIONS****PLEASE COMPLETE ALL AREAS OF SECTION B**

How many delivery locations does the institution operate:

Provide full address of all operation locations (attach sheet if necessary)

Nr	Town	Region	Physical Address
1			
2			
3			
4			
5			
6			

**PROPOSED SCOPE OF SERVICES**

List all qualifications currently offered by the institution for which accreditation is sought:  
(Additional sheets may be attached if necessary)

NO	QUALIFICATION TITLE	NQF LEVEL	Full time	Part-time	Distance	FRANCHISE PARTNERS (IF APPLICABLE)	SITE(S)

**DECLARATION:**

I declare that all information in the form and pack is true and correct.  
 I agree to abide by any applicable legislation of relevance to our operations.  
 I agree to notify the NQA of any significant changes to our position as an institution.  
 I agree to give free and full access to any facilities and documents relevant to this application and its ongoing effect.

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TITLE**

REMINDER: THIS APPLICATION MUST BE ACCOMPANIED BY THE SUPPORTING EVIDENCE SHOWING THAT THE CRITERIA SET FOR THE GRANT OF ACCREDITATION HAVE BEEN MET. EVIDENCE MUST ALSO PRESENT THE EXISTENCE OF AN APPROPRIATE AND EFFECTIVE SYSTEM FOR THE MANAGEMENT OF QUALITY.

**NQA USE ONLY**

Accreditation Officer approval: \_\_\_\_\_ Approved or \_\_\_\_\_ Follow-up required: \_\_\_\_\_

AO signature: \_\_\_\_\_ Date: \_\_\_\_\_