



Namibia · Qualifications · Authority

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Windhoek, Namibia

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APPLICATION FOR EXPANSION OF ACCREDITATION

NB: This application form must be completed by persons, institutions and organisations seeking expansion of accredited services.

SECTION "A" – TRAINING PROVIDER INFORMATION		PLEASE COMPLETE ALL AREAS OF SECTION "A"
Operating name of the institution:		
Accreditation number:		
Street Address:		
Mailing Address:		
Telephone number:	E-mail Address:	
Is the institution privately or publicly owned?		
CONTACT INFORMATION		
Name and title of person completing application (Contact Person)		Telephone no.
Position:	Postal Address:	
Email Address:		

SECTION "B"
INFORMATION ON SERVICES TO BE EXPANDED
PLEASE COMPLETE ALL AREAS OF SECTION B

List all qualifications currently offered by the institution for which expansion 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 their operations.
 I agree to notify the NQA of any significant changes to their 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: PLEASE ATTACH ANY SELF-EVALUATION OR INTERNAL AUDIT REPORTS DEMONSTRATING ONGOING COMPLIANCE AND EFFECTIVENESS WITH RESPECT TO THE REQUIREMENTS OF THE STANDARD FOR ACCREDITATION

NQA USE ONLY

Accreditation Officer approval: _____ Approved or _____ Follow-up required: _____

AO signature: _____ Date: _____