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## APPLICATION FOR RE-ACCREDITATION

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

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?	
Name of owner (s) or controlling body:	Identity / Passport number:
<b>Since the last accreditation, has the organization:</b> a) <b>been audited or investigated by the NQA or other body</b> b) <b>committed an offence under section 13 of the Act</b> c) <b>made any changes to existing qualifications</b> d) <b>undertaken any formal self-evaluation or internal audit</b>  <i>If yes to any, please attach relevant information or documentation.</i>	

**CONTACT INFORMATION**

<b>Name and title of person completing application (Contact Person)</b>	<b>Telephone no.</b>
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<b>Position:</b>	<b>Postal Address:</b>
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**Email Address:**

**SECTION "B"**  
**INFORMATION FOR RE-ACCREDITATION**  
**PLEASE COMPLETE ALL AREAS OF SECTION B**

**SCOPE OF SERVICES**

List all qualifications currently offered by the institution for which re-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)

**List qualifications no longer offered /Qualifications that must be deleted from the Register:**

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

**NQA USE ONLY**

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

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