



PROVIDER LISTING FORM

Provider Listing is the first stage towards PSET Provider Registration. A Full Registration Form will then be sent for completion which should be filled and returned to SQA along with all relevant documentation.

Please complete this Form and return it to SQA

A. Organisation Details		
Name of education and training organisation		
Type of body corporate (eg charitable trust, company, village fono)		
Physical address of education and training premises		
Postal address		
Governing body (eg, board, council)		
B. Contact Details		
Contact person		
Designation		
Telephone number(s)		
Facsimile number		
Email address		
Website		
C. Nature of Intended Education and Training		
<p style="text-align: center;">Indicate the intended education and training focus, such as subject areas, qualifications, programmes and courses, that the organisation intends to offer [<i>use additional paper if needed or attach appropriate documents</i>]</p>		
D. Intended Learner Profile		
<p style="text-align: center;">Indicate in these boxes the estimated number of students in each age group that are likely to enrol in your organisation's programmes during the next calendar year</p>	18 years and over	
	14-17 years	
	11-13 years	
	10 years and under	

Contact details

Please send the completed Provider Listing Form to:

The Quality Assurance Division
Samoa Qualifications Authority
Box L 851
The Teuila Hotel
Malifa

Telephone: 685 20976

Facsimile: 685 26314

E-mail address: sqa@sqa.gov.ws

Website: www.sqa.gov.ws