



PROGRAMME ACCREDITATION APPLICATION FORM

QA-FPA1

January 14 2009

PROGRAMME ACCREDITATION APPLICATION FORM

These details are required of organisations/providers applying for accreditation of post school education and training programmes in Samoa.

A. Organisation Details		
Name of education and training organisation		
Type of body corporate (eg charitable trust, company, village fonofono)		
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. Titles of Programmes (and Associated Qualifications) for which Accreditation is Sought		
<i>Attach completed Self Evaluation Forms for each Programme to be Accredited and Qualification Registration Forms</i>		
Titles of Programmes (and Associated Qualifications)	Self Evaluation Form Yes/No	Qualification Registration Forms Yes/No
1.		
2.		
3.		
4.		
5.		
6.		
D. Education and Training Provider Registration		Yes/No
Indicate whether or not the organisation has lodged an application for registration at the same time as its application for programme accreditation (<i>see separate SQA application form</i>)		
E. Use of SQA Logo		Yes/No
Indicate whether or not the organisation wishes to use the SQA Logo on the certificates issued to successful graduates of the above programmes		

Statement of Management Commitment

We, the undersigned, confirm that this application for post school education and training programme accreditation represents an accurate statement of the current status and operations of our organisation with regard to the programmes listed, and is supported by the governing body.

We confirm that the governing body has been advised of the Samoa Qualifications Authority policies and procedures of relevance to the activities of the organisation and that to the best of our knowledge these activities comply with relevant requirements therein.

We confirm that we have considered aspects of our operations that may place students or the public at risk and have implemented policies and procedures to ensure their protection.

Name :

_____ [Representative of the Governing Body]

Signature:

Date :

Name :

_____ [Principal, Director, Manager etc]

Signature:

Date :

SQA Contact details

Please send the completed application form, along with all relevant documentation, to:

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

Telephone: 685 20976
Facsimile: 685 26314
E-mail address: sqa@sqa.gov.ws
Website: www.sqa.gov.ws