



REPUBLIC OF GHANA

MINISTRY OF EDUCATION

**COUNCIL FOR TECHNICAL AND VOCATIONAL
EDUCATION AND TRAINING (COTVET)**

**Registration Application Pack for
AWARDING BODIES**

**Council for Technical and Vocational Education and Training (COTVET)
Registration Application Pack for AWARDING BODIES**

TQAC Reference No.....

(Reference No.to be filled by COTEVT upon submission of Pack by Applicant)

1. Name of Awarding Body:

2. Type of application (please tick \surd)

New Registration	<input type="checkbox"/>
Re-Registration	<input type="checkbox"/>

Note: Attach copy of old Registration certificate for re-registration

3. Category of Awarding Body [tick (\surd) where applicable]

Pre- Tertiary Tertiary

4. Type of Awarding Body (please tick \surd)

Public Private Foreign Others (specify).....

5. Postal Address

.....
.....
.....

6. Residential Address/ Physical Location of organisation

.....
.....

Tel: Fax:

Email : Website:

General Instructions:

- a. All Columns must be filled and copies of relevant documents attached before submission
- b. Payment of Ghc 10,000.00*(Tertiary), Ghc 5,000.00*(Pre-Tertiary) should be made to Executive Director, COTVET in Banker's Draft (non refundable)
- c. Pack should be sent by EMS or hand delivered at COTVET Secretariat with soft copies to:
Email address: q.assurance@cotvet.gov.gh

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7. Ownership of Premises (please tick \checkmark)

Personal Property Rented Lease Others (specify).....

(Note: In all cases, attach copies of documents)

8. Proposed CBT Trade Area(s)/ Programme(s) and level(s) on National TVET

Qualifications Framework (NTVETQF) that the Awarding Body intends to apply for accreditation:

S/N	CBT Trade Area/Programme	Level on NTVETQF
1.		
2.		
3.		
4.		

9. The following certificates and documents should be attached:

- a) Company Registration Certificate
- b) SSNIT Clearance Certificate
- c) Internal Revenue Service/Value Added Tax Compliance
- d) Brief Profile of Organisation (not more than a page).
- e) Operational organogram/structure of organisation.
- f) Resident Permit (for foreign entities)

10. Details of Contact Person for CBT correspondence:

Name:

Designation:

Mobile phone Number:

Email:

Signature.....

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Affix photo of
Centre Contact
Person

NB: Attach a copy of a National ID of Centre Contact Person

*(It should be
certified by the
Head of Institution)*

11. Declaration

I attest that the above information is correct. I do understand that any incorrect information will result in suspension/cancellation of my registration with COTVET.

Name of Institution/Company:

Name of Applicant (Head of Institute):

Designation (e.g. Executive Director, Chief Executive Officer etc.)

.....

Signature:

Official stamp with date:

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COTVET (TQAC) OFFICIAL USE ONLY	
Vetted by Director CBT:	Date: _____ Sign: _____
Date Registration Fees paid:	
Amount & Receipt #:	
Date soft copy received:	
TQAC Committee Decision (TQAC):	<input type="radio"/> Approved <input type="radio"/> Provisional approval <input type="radio"/> Not Approved
Date of submission of TQAC Decision	

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