



REPUBLIC OF GHANA

MINISTRY OF EDUCATION

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

**Registration Application Pack for
EXTERNAL VERIFIERS**

**Council for Technical and Vocational Education and Training (COTVET)
Registration Application Pack for EXTERNAL VERIFIERS**

TQAC Reference No.....

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

Affix photo of Applicant

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

1. Name of Applicant:

2. Type of application (please tick \checkmark)

New Registration

Re-Registration

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

3. Trade Area:

4. Postal Address

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

General Instructions:

- a. All Columns must be filled and copies of relevant documents attached before submission**
- b. Payment of Ghc 200.00* 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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5. Residential Address

.....

Tel: Fax:

Cell phone: Email:

6. Date of Birth (Attached copy of birth certificate)

DD MM YY

7. Profile of Applicant (attach detailed CV)

No.	Name of Schools attended with dates	Programmes or Courses	Qualifications obtained	Employment Experience with dates and main job titles

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8. Attach relevant academic qualifications.

9. Name of Awarding Body externally verifying for:

10. Type of organization externally verifying for: (Please tick ✓)

a) Public

b) Private

c) Both

d) Others (specify).....

11. Current trade area externally verifying for:

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12. Level on National TVET Qualification Framework externally verifying for:

.....

13. 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 Applicant:

.....

Signature:

Date:

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NB: Attach a copy of a National ID of Head of Institution



14. Certified by Head of Institution/Company

Name of Institution/Company:

Name of Head:

*In addition, please kindly provide and attach a one paged **character reference** on the applicant

Signature:

Official stamp with date:

COTVET (TQAC) OFFICIAL USE ONLY		
Vetted by Director CBT:	<i>Date:</i>	<i>Sign:</i>
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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