



REPUBLIC OF GHANA

MINISTRY OF EDUCATION

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

**Registration Application Pack for
INTERNAL VERIFIERS**

Council for Technical and Vocational Education and Training (COTVET) Registration Application Forms for INTERNAL VERIFIERS

TQAC Reference No.....

(Reference No.to be filled by COTEVT upon submission of Forms 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 ✓)

New Registration

Re-Registration

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

3. Trade Area:

4. Postal Address:

.....
.....

5. Residential 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. Forms should be sent by EMS or hand delivered at COTVET Secretariat with soft copies to:
Email address: q.assurance@cotvet.gov.gh

Council for Technical and Vocational Education and Training (COTVET) Registration Application Forms for INTERNAL VERIFIERS

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 Training Provider internally verifying for:

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

a) Public

b) Private

c) Others (specify).....

11. Current trade area internally verifying for:

12. Level on NTVETQF:

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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:

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

Affix photo 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:

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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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