



REPUBLIC OF GHANA

MINISTRY OF EDUCATION

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

**Registration Application Pack for
TRADE ASSOCIATIONS/PROFESSIONAL BODIES**

**Council for Technical and Vocational Education and Training (COTVET)
Registration Application Pack for TRADE ASSOCIATIONS/PROFESSIONAL BODIES**

TQAC Reference No.....

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

1. Name of Trade Association/Professional Body:

.....

2. Type of application (please tick √)

New Registration

Re-Registration

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

3. Category of Trade Association/Professional Body [tick (√) where applicable]

Formal

Informal

4. Type of Trade Association/Professional Body (please tick √)

Public

Private

Others (Please specify).....

5. Postal Address

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

6. Residential Address/ Physical Location of organisation (Headquarters)

.....
.....

Tel: Fax:

Email: Website:

General Instructions:

- a. All Columns must be filled and copies of relevant documents attached before submission
- b. Payment of Ghc 1,000.00 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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7. Ownership of Premises (please tick \surd)

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

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

8. Date of establishment of Association/Professional Body: (DD/MM/YY):/...../.....

9. List Executive members of the Association (attach CVs of Executives)

| S/N | NAME | POSITION | QUALIFICATION LEVEL | TELEPHONE NUMBER | TRADE AREA |
|-----|------|----------|---------------------|------------------|------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

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10. Indicate level of representation at the regional level

| REGION | MALES | FEMALES | TOTAL |
|---------------|-------|---------|-------|
| UPPER WEST | | | |
| UPPER EAST | | | |
| NORTHERN | | | |
| BRONG AHAFO | | | |
| ASHANTI | | | |
| EASTERN | | | |
| WESTERN | | | |
| CENTRAL | | | |
| GREATER ACCRA | | | |
| VOLTA | | | |
| TOTAL | | | |

NB: Attach Membership list under the headings below;

- Name of Member
- Telephone Number
- COTVET Registered (YES/NO)
- Trade Area
- District
- Region

11. The following certificates and documents should be attached:

- a) Company Registration Certificate
- b) Constitution of Association/Professional Body
- c) Brief Profile of Organisation (not more than a page).
- d) Operational organogram/structure of organisation.

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12. Details of Contact Person:

Name:

Designation:

Mobile phone Number:

Email:

Signature.....

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

| |
|--|
| Affix photo of Centre Contact Person <i>(It should be certified by the Head of Institution)</i> |
|--|

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 Institution/Company:

Name of Applicant (Head of Association/Professional Body):
.....

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

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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