



REPUBLIC OF GHANA

MINISTRY OF EDUCATION

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

**Registration Application Pack for
TRAINING PROVIDERS**

**Council for Technical and Vocational Education and Training (COTVET)
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Email: Website:

7. Ownership of Premises (please tick \surd)

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

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

8. Provide details of infrastructure (if Formal)

	Facility	Quantity
1	Facilitation rooms	
2	Workshops	
3	Computer laboratory	
4	Library	
5	Dormitories/ Hostel	
6	Others (specify)	

9. Proposed CBT Trade Area(s)/ Programme(s) and levels on National TVET

Qualifications Framework (NTVETQF) that the Training Provider intends to apply for accreditation:

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

10. 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.

General Instructions:

- a. All Columns must be filled and copies of relevant documents attached before submission
- b. Payment of Ghc 2000.00*(Pre-Tertiary/Tertiary), Ghc 400.00*(Informal/Workplace) 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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11. Details of Contact Person for CBT correspondence:

Name:.....

Designation:.....

Mobile phone Number:.....

Email:.....

Signature.....

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

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

12. 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. 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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