



**REPUBLIC OF GHANA**

**MINISTRY OF EDUCATION**

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

**Accreditation Application Pack for  
ASSESSORS**



## Council for Technical and Vocational Education and Training (COTVET) Accreditation Application Pack for Assessors

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

**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:  
E-mail address: [q.assurance@cotvet.gov.gh](mailto:q.assurance@cotvet.gov.gh)

**Council for Technical and Vocational Education and Training (COTVET)  
Accreditation Application Pack for Assessors**


8. The following certificates should be attached:

- a) COTVET Assessor Registration Certificate (**Critical**)
- b) Technical Qualification
- c) Teacher Education Certificate (with Transcript)

9. Name of Training Provider assessing for: .....

10. Type of organization assessing for (Please tick  $\surd$ )

- a) Public
- b) Private
- c) Others (specify)

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11. Current trade area assessing for: .....

12. Level on NTVETQF: .....

**13. To be completed by applicant’s Head of Institution:**

S/N	CRITERIA	YES	NO
1	Applicant has been trained as a Competency-Based Training (CBT) Facilitator or Trainer;		
2	*Applicant is of good character;		
3	Applicant has undergone training in Competency-Based Training (CBT) assessment;		
4	Applicant has a recognised technical and vocational education and training certificate		
5	Applicant has at least two years experience in Assessment in vocational programmes.		

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

**14. Declaration**

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

Name of Applicant: .....

Signature: .....

Date: .....

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



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## Council for Technical and Vocational Education and Training (COTVET) Accreditation Application Pack for Assessors

15. Certified by Head of Institution/Company

Name of Institution/Company: .....

Name of Head: .....

Signature: ..... Official stamp with date:

COTVET (TQAC) OFFICIAL USE ONLY	
<b>Vetted by Director CBT:</b>	<i>Date:</i> <span style="float: right;"><i>Sign:</i></span>
<b>Date Accreditation Fees paid:</b>	
<b>Amount &amp; Receipt #:</b>	
<b>Date soft copy received:</b>	
<b>TQAC Committee Decision (TQAC):</b>	<input type="radio"/> <b>Approved</b>  <input type="radio"/> <b>Provisional approval</b>  <input type="radio"/> <b>Not Approved</b>
<b>Date of submission of TQAC Decision</b>	

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