



REPUBLIC OF GHANA

MINISTRY OF EDUCATION

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

**Accreditation Application Pack for
FACILITATORS/TRAINERS**

**Council for Technical and Vocational Education and Training (COTVET)
Accreditation Application Forms for FACILITATORS/TRAINERS**

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 Accreditation

Re-Accreditation

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

3. Type of Facilitator (please tick ✓)

Formal

Informal

4. Trade Area:

5. 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. Forms 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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6. Residential Address

.....

Tel: Fax:

Cell phone: Email:

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

DD MM YY

8. 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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9. The following certificates should be attached:

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

10. Name of Training Provider facilitating for:

11. Type of organization facilitating for: (Please tick \surd)

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

12. Current trade area facilitating for:

13. Level on NTVETQF:

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14. Have you received any capacity building in Competency Based Training?

Yes No

15. If Yes, state the kind of training and period

S/N	Kind of Training	Period
1	/...../..... to...../...../.....
2	/...../..... to...../...../.....
3	/...../..... to...../...../.....

16. 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

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17. 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



18. Certified by Head of Institution/Company

Name of Institution/Company:

Name of Head:

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 Accreditation 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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