



REPUBLIC OF GHANA

MINISTRY OF EDUCATION

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

**Registration Application Pack for
FACILITATORS/TRAINERS**

**Council for Technical and Vocational Education and Training (COTVET)
Registration Application Pack 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 Registration | <input type="checkbox"/> |
| Re-Registration | <input type="checkbox"/> |

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

3. Type of Facilitator (please tick ✓)
- | | |
|----------|--------------------------|
| Formal | <input type="checkbox"/> |
| Informal | <input type="checkbox"/> |

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

Council for Technical and Vocational Education and Training (COTVET) Registration Application Pack for FACILITATORS/TRAINERS

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

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 Pack for FACILITATORS/TRAINERS**

9. Attach relevant academic qualifications.

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:

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

- Yes No

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 Pack for FACILITATORS/TRAINERS**

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

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

16. 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:

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 Pack for FACILITATORS/TRAINERS**

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



Affix photo of Head
of Institution

17. 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:

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	

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