



**REPUBLIC OF GHANA**

**MINISTRY OF EDUCATION**

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

**Accreditation Application Pack for  
INTERNAL VERIFIERS**



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

**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 Internal Verifiers


8. The following certificates should be attached:

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

9. Name of Training Provider internally verifying for: .....

10. Type of organization internally verifying for (Please tick ✓ )

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

11. Current trade area internally verifying for: .....

12. Level on NTVETQF: .....

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

### 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: .....

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

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

Affix photo of Head  
of Institution

**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>	<i>Sign:</i>
<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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