



REPUBLIC OF GHANA

MINISTRY OF EDUCATION

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

**Accreditation Application Pack for
TRADE ASSOCIATIONS/PROFESSIONAL BODIES**

**Council for Technical and Vocational Education and Training (COTVET)
Accreditation Application Pack for TRADE ASSOCIATIONS/PROFESSIONAL BODIES**

TQAC Reference No.....

(Reference No.to be filled by COTEVT upon submission of Pack by Applicant)

1. Name of Trade Association/Professional Body:

.....

2. Type of application (please tick √)

New Accreditation

Re-Accreditation

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

3. Attach COTVET Trade Association Registration Certificate. **(Critical)**

4. Category of Trade Association/Professional Body [tick (√) where applicable]

Formal

Informal

5. Type of Trade Association/Professional Body (please tick √)

Public

Private

Others (Please specify).....

6. Postal Address

.....

.....

.....

7. Residential Address/ Physical Location of organisation (Headquarters)

.....

.....

Tel: Fax:

Email: Website:

General Instructions:

- a. All Columns must be filled and copies of relevant documents attached before submission
- b. Payment of Ghc 1000.00 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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8. Ownership of Premises (please tick \checkmark)

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

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

9. Date of establishment of Association/Professional Body: (DD/MM/YY):/...../.....

10. List Executive members of the Association (attach CVs of Executives)

S/N	NAME	POSITION	QUALIFICATION LEVEL	TELEPHONE NUMBER	TRADE AREA
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

11. Attach full Membership list under the headings below:

S/N	NAME	TELEPHONE NUMBER	COTVET REGISTERED (YES/NO)	TRADE AREA	DISTRICT	REGION
1						
2						
3						

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12. Indicate level of representation at the regional level

REGION	MALES	FEMALES	TOTAL
UPPER WEST			
UPPER EAST			
NORTHERN			
BRONG AHAFO			
ASHANTI			
EASTERN			
WESTERN			
CENTRAL			
GREATER ACCRA			
VOLTA			
TOTAL			

NB: Attach Membership list under the headings below;

- Name of Member
- Telephone Number
- COTVET Registered (YES/NO)
- Trade Area
- District
- Region

13. The following certificates and documents should be attached:

- a) Company Accreditation Certificate
- b) Constitution of Association/Professional Body
- c) Brief Profile of Organisation (not more than a page).
- d) Operational organogram/structure of organisation.

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14. Details of Contact Person:

Name:

Designation:

Mobile phone Number:

Email:

Signature.....

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

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

Name of Applicant (Head of Association/Professional Body):
.....

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 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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