Applicationfor an Institution to Participate in Credit Accumulation and Transfer (KCATs)

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| **APPLICATION FOR AN INSTITUTION TO PARTICIPATE IN KCATS** | |
| Please refer to the KNQA Act no. 22 of 2014 and KNQF regulations, 2018 when completing this form. | |
| **Submitting Organisation's information** | |
| **ORGANISATION DETAILS Full name(s) and preferred abbreviation of the submitting organisation(s):** | |
|  | |
| **Address:** | |
| **Postcode:** | |
| **Telephone Number:** | |
| **Website:** | |
| **SUBMITTING REPRESENTATIVE DETAILS** | |
| **Submitting Representative's Name:** | |
| **Job Title:** | |
| **E-mail:** | |
| **Telephone Number:** | |
| **Date Submitted:** | |
| **Signature and Official Rubber stamp:** | |
| **ACCOUNTABLE OFFICER DETAILS** | |
| **Accountable Officer's Name:** | |
| **Job Title:** | |
| **E-mail:** | |
| **Telephone Number:** | |
| **KINDLY LIST ON A SEPARATE PIECE OF PAPER ALL THE QULAIFICATIONS THAT YOU WOULD LIKE TO PARTICIPATE IN THE KCATS (CERTIFICATE, DIPLOMA, BACHELORS AND OTHER LEVELS AND THE CREDITS AND DURATION OF STUDY OF EACH)** |

**Please note: (1) I hereby confirm that I have read and understood the terms and conditions under which my institutions will participate in the KCATs and promise to abide by them;**

**(2) My institution shall not withdraw a program from the KCATs system without the permission of KNQA;**

**3. Attach the list of all qualifications that your Institution has submitted to participate in the KCATs system.**

**Submit All Information to;**

**The Director General**

**Kenya National Qualifications Authority**

**Po Box 72635-00200**

**Nairobi, Kenya**

**Email:** [**dg@kna.go.ke**](mailto:dg@kna.go.ke)

**Website: www.knqa.go.ke**