

Form KNQA/L/001

**APPLICATION FOR ACCREDITATION TO AWARD NATIONAL QUALIFICATIONS**

**1. Institution details**

|  |  |
| --- | --- |
| **Name of the applicant:** |  |
| **Website URL:** |  |
| **Physical Address:** |  |
| **Postal Address:** |  |
| **Main telephone number:** |  |
| **Brief history of establishment and years of operation (attach separately):** |  |
| **Accreditation history/existing accreditations:** |  |
| **Name of the Vice Chancellor/Principal:** |  |
| **Contact details of the Vice Chancellor/Principal** |  |
| **Work place telephone number:** |  |
| **Cell phone:** |  |
| **Fax:** |  |
| **Email address:** |  |
| **Name of the Accreditation liaison person**  |  |
| **Contact details for accreditation liaison person** |  |
| **Cell phone:** |  |
| **Fax:** |  |
| **Email address:** |  |

**2. Attachments**

*(Please attach the following documents)*

|  |  |  |
| --- | --- | --- |
| **Description** | **Tick if available** | **Give details/list** |
| Terms of Reference of Committees (e.g. Academic Board or equivalent Management Team etc.)  |  |  |
| Annual budget for the current year |  |  |
| Attach audited account for the last three years |  |  |
| Copies of current academic policies |  |  |
| Current strategic plan |  |  |
| Most recent annual report |  |  |
| Copies of current health and safety certification |  |  |
| Other: |  |  |

**3. Staff and learners**

|  |  |
| --- | --- |
| Total number of full time learners |  |
| Total number of part time learners |  |
| Total number of management staff |  |
| Total number of teaching/research staff |  |
| Total number of administration/support staff |  |

**4. Support services**

*(Give brief write up (Not more than 300 words each) on each of the following services offered to learners):*

|  |  |
| --- | --- |
| Health/counseling |  |
| Sports/recreation |  |
| Careers/placement |  |
| Disability support |  |
| Pastoral care |  |
| Academic support |  |
| Clubs/student union/student representative Authority |  |

**5. Stakeholders, quality assurance and relevance**

Please attach the following documents;

|  |  |
| --- | --- |
| **Document description** | **Remarks** |
| Quality assurance procedures; |  |
| Report from stakeholders consultation |  |
| Reports on relevance of qualification to industry |  |
| Reports from employment studies |  |

**6. Signed for the provider**

I declare that I am authorized to make this application on behalf of the university/college and that all the information provided in this application is correct.

|  |  |
| --- | --- |
| Name:  |  |
| Title: |  |
| Signature: |  |
| Date of this application: |  |
| Official rubber stamp |  |

*(Attach separate qualification registration form for each qualification)*

**7.0 Provide a list of qualifications to be submitted for registration using the table below;**

*(The list can be attach as annexure)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Level** | **Duration in years** | **Total credits** | **Mode of delivery**  | **No. of qualifications in awarded in previous year** | **Total qualifications awarded since inception** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Please note:**

1. Qualification listed in section 7.0 above will be submitted for registration by completing and providing details in form KNQA/QAI/Q/001
2. The quality or accuracy of information submitted may affect the timescales for decision marking;
3. Application fee is thirty thousand (Ksh 30,000);

**Any payments must be paid to Kenya National Qualifications Authority account:**

Account name: Kenya National Qualifications Authority;

Bank: Kenya Commercial Bank;

Branch: Moi Avenue;

Account number: **120**8626825

**Submit your application to;**

**The Director General**

**Kenya National Qualifications Authority**

**Po Box 72635-00200**

**Nairobi, Kenya**

**Email:** **dg@kna.go.ke**

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