



ANNUAL REGISTRATION REPORT

Date of Application: _____

Name of Provider: _____

The Barbados Accreditation Council

The Barbados Accreditation Council (BAC) was established by an Act of parliament, the Barbados Accreditation Council Act, 2004. It is a statutory body under the portfolio of the Ministry of Education and Human Resource Development.

Vision Statement

A coherent system of post-secondary and tertiary education and training which assures excellence and integrity to all its stakeholders.

Mission Statement

To be a high quality provider of registration, accreditation and related services in post-secondary or tertiary education and training in Barbados and beyond.

QUALITY STATEMENTS

Quality for the BAC is the provision of effective and efficient services that are:

- ❖ geared towards the enhancement of post-secondary/tertiary education and training;
- ❖ fit for purpose, add value and exceed stakeholders' expectations;
- ❖ benchmarked against regional and international standards.

Quality for the BAC is guided by:

- ❖ a developmental approach;
- ❖ accountability to stakeholders;
- ❖ integrity of practise;
- ❖ excellence in service; and
- ❖ a commitment to national and regional development.

Quality for the BAC is demonstrated by:

- ❖ demand for non-mandatory services by its clients;
- ❖ respect of peers through mutual recognition;
- ❖ positive feedback from internal and external stakeholders;
- ❖ efficiency, effectiveness and responsiveness.

The BAC perceives quality in institutions as:

- ❖ effective governance
- ❖ clearly stated and appropriate mission
- ❖ efficient and effective administration
- ❖ qualified, competent and engaged faculty and staff
- ❖ timely and customer-friendly services
- ❖ relevant, current, well-documented and appropriately assessed programmes
- ❖ established, documented, functional and well-managed quality assurance system
- ❖ responsiveness to change
- ❖ system for formative and summative evaluation and reform
- ❖ a culture which embraces integrity and ethical conduct
- ❖ prudent financial management
- ❖ effective and diversified learning and teaching experiences
- ❖ adequate and appropriate student services and support
- ❖ committed and motivated students

THE BARBADOS ACCREDITATION COUNCIL

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Please Use Block Letters or Type

Form R 4

SECTION A

1. Name of Provider: _____

2. Executive Head: First Name _____ Surname _____

Title of Office: _____

3. Place of Operation: _____

4. Mailing Address (if different from above): _____

Tel: _____ Fax: _____ E-mail: _____

Website: _____

5. Reporting Period: From _____ To _____
dd/mm/yyyy dd/mm/yyyy

6. Current number of students enrolled for the reporting period:

Full time _____ Part time _____

7. Ownership: Private _____ Public _____ Other _____

If other, please specify: _____

Please provide contact information for any additional site(s) within or outside Barbados
(attach separately if necessary):

Name of Site Co-ordinator: _____

Title of Office: _____

Address: _____

Tel: _____ Fax: _____ E-mail: _____

F. Accreditation Status

G. Staffing and Professional Development (addition or reduction from each category; number of part-time or full-time staff, etc.)

H. Educational Programmes (addition/reduction/amendments/discontinuation, etc.). Please indicate the level and title of each qualification and the awarding body (if other than the provider).

I. Finances (gain or loss in revenue or expenses; date(s) of external audit(s); name of auditor)

J. Student Support Services (counselling, career guidance, enquiries handling, etc.)

SECTION C

Information requested below may be attached separately if necessary.

A. Stakeholder Feedback

Please provide copies of any reports or other documentation based on satisfaction surveys conducted with stakeholders within the reporting year and/or details of activities planned for the upcoming year.

B. Quality Management

1. Is there a quality policy or procedure in place? Yes _____ No _____

If yes, please indicate whether any changes have been made to the policy and submit a copy of the policy with this report.

If no, please provide details on the stage of development of the quality policy.

2. Please provide information on any quality management system (QMS) or procedure(s) implemented within the reporting year, or planned for the upcoming year.
3. Date of last review of the QMS: _____
4. Please state whether this review was external or internal: _____
5. Please provide a summary of the outcome of the review.

Name of Authorised Official:

.....
(in block letters)

Title of Office:

.....
(in block letters)

Signature:

.....

Please return completed report to:

**The Executive Director
Barbados Accreditation Council
123 A&B Plaza Centrale
Roebuck Street
St. Michael, BB11080
Barbados, W.I.**

Official Stamp: *(Provider)*

For further information contact:

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