



**APPLICATION FOR REGISTRATION OF TRAINING  
PROVIDERS**

Date of Application: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

# REGISTRATION OF TRAINING PROVIDERS OPERATING IN BARBADOS

## **Introduction**

The Barbados Accreditation Council was established under the authority of the Barbados Accreditation Council Act 2004-11. Under Section 3(2) of the Act, the Council has been set up as a body corporate with powers to regulate its functions.

One of its functions is to register institutions which offer post-secondary or tertiary education and programmes of study. According to the Education Act, Cap. 41, Section 30A (1), *“no person may establish a private school or educational institution in Barbados after the 13<sup>th</sup> August, 1990 without the prior approval of the Minister”*.

## **Aim**

The aim of registration will be to certify that a provider<sup>1</sup> meets or exceeds certain standards required to operate in Barbados.

The registration process will be the first step towards accreditation of programmes offered by a provider as it will provide registered providers with a foundation for logical development towards accreditation.

## **Objectives:**

The objectives of registration will be to:

- (a) Certify that providers are legally operating within the domain of Barbados;
- (b) Certify that providers (locally, regionally and internationally) operating in Barbados comply with relevant legislation; and
- (c) Develop a register of providers which have gained approval by the Barbados Accreditation Council.

## **Registration Period**

One (1) year – to be renewed annually

## **Application for Registration**

To become registered as a provider you must complete the prescribed **“Application for Registration of Training Providers”** form which is available from the Barbados Accreditation Council office or its website.

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<sup>1</sup> Provider for the purposes of this document refers to any organisation or person offering post-secondary or tertiary education and training courses within Barbados.

**THE BARBADOS ACCREDITATION COUNCIL**  
**APPLICATION FOR REGISTRATION OF TRAINING**  
**PROVIDERS**

**FORM R 3**

These details are required for all providers applying for registration.

**A. Governance and Mission**

<b>Organisation Name</b>			
<b>Name of Authorising Officer</b>			
<b>Position title</b>			
<b>Street Address</b>			
<b>Postal Address</b>			
<b>Telephone Number</b>		<b>Facsimile Number:</b>	<b>Mobile Number</b>
<b>Website</b>			
<b>Email Address</b>			
<b>Premises</b>	Owned _____ Leased _____ Rented _____		
<b>Date of establishment</b>			
<b>Date first students were enrolled</b>			
<b>Date first students graduated</b>			

**Delivery Sites** (if applicable)  
*Attach separately, if more space is needed*

<b>Permanent</b>	
<b>Temporary</b>	

**Name of Board** - state position and qualifications of each member (*if applicable*)

**Mission Statement** (*attach separately if more space is needed*)

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**B. Admission Policies**

State the requirements for admission of students and explain any exceptions from these requirements (*attach separately if necessary*):

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**Enrolment and Output**

Where necessary, arrange the following in a table or tables and attach separately:

- a. Full-time enrolment:      Male          Female
- b. Part-time enrolment:      Male          Female
- c. Enrolment by programmes and gender:
- d. Enrolment by year of study and gender:
- e. Output over the last 3 years by programmes and gender (*if applicable*):
- f. Current enrolment number: Male          Female

**C. Educational Programmes** (*attach separately, if more space is needed*)

<b>Title of Course</b>	
<b>Level of Course</b>	
<b>Type of Course</b> e.g. occupational training; for transfer to another programme; professional; general; etc.	
<b>Content</b> ( <i>attach response separately, if necessary</i> )	
<b>Total weeks of course</b> (including holiday weeks)	
<b>Total teaching weeks</b> (excluding holiday weeks)	
<b>Average teaching hours per week</b>	
<b>Total study hours per week</b> (if applicable)	
<b>Total tutorial hours</b> (if applicable)	
<b>Total practicum/laboratory work/job attachment hours</b> (if applicable)	
<b>Total credits</b> (if applicable)	
<b>Delivery methods</b>	
<b>Delivery mode</b>	
<b>Assessment methods</b> e.g. number of tests or examinations administered during the course, their frequency and value	
<b>Type of award</b> (e.g. certificate)	
<b>Nature of Training</b> <i>Indicate the training focus</i>	
<b>Subject(s)/Course(s)</b>	
<b>Proposed/target learners</b>	
<b>Anticipated number of teaching staff/facilitators</b>	
<b>Anticipated number of learners</b>	

Name and address of Accreditation authority (where applicable)

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## D. Staffing and Professional Development

### 1. Teaching Staff/Facilitators (*attach separately if more space is needed*)

Name	Qualifications with Conferring Institutions and date e.g. B.Sc. (Natural Sciences), UWI, 1984 <i>(Attach curriculum vitae)</i>	Course(s) currently teaching	Full-time or part-time	Total instruction load in hours per week

### 2. Administrative and Technical Support Staff (*attach separately if more space is needed*)

Name	Qualifications and institutions attended <i>(Attach curriculum vitae)</i>	Position title and Area of Work	Full-time or part-time

3. Details of other Staff (*attach separately if more space is needed*)

Name	Qualifications and institutions attended <i>(Attach curriculum vitae)</i>	Position title and Area of Work	Full-time or part-time

**Staff development policy:** state organisational policy and plan for staff development  
*(attach response separately)*

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**E. Student Support Services**

State the support services available to students (*attach separately if more space is needed*):

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**F. Learning and Information Resources**

List the learning resources available to students (*quantify where possible*)

**G. Finances**

1. State your current fee structure

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2. State other sources of funding/revenue

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3. State your revenue and expenditure for the past 3 years (*provide audited financial statements, where applicable*):

Current expenditure for the past 3 years:

<b>Year</b>	<b>Amount (\$)</b>
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Current revenue for the past 3 years:

<b>Year</b>	<b>Amount (\$)</b>
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4. Budget projection for current financial year

## H. Physical Plant

State area occupied by institution: \_\_\_\_\_ square metres

Rate each building on each of the following according to the scale indicated:  
(Attach separately if more space is needed)

1 - Excellent    2 - Good    3 - Satisfactory    4 - Marginal    5 - Unsatisfactory

Existing Buildings	Buildings under Construction	General Adequacy	Size	Fireproof Quality	Present State of Repair or Construction	Lighting

2. Please provide the following:
- a) Copy of Floor Plan
  - b) Medical Certificate of Compliance
  - c) Fire Certificate of Compliance
  - d) Environmental Protection Certificate of Compliance

3. For *roaming providers*<sup>2</sup>: Using the Checklist below, indicate the health and safety factors you consider when using or selecting a delivery site.

### HEALTH AND SAFETY CHECKLIST

Requirements	Yes	No	Comments
Rooms are clean, sanitary and in good condition for occupants			
First Aid Kit is provided			
Sick Bay is provided			
Adequate drinking fountains			
Adequate lighting and ventilation to ensure occupant comfort health and safety			
Adequate toilet, hand-washing and drying facilities for instructors/trainers			
Adequate toilet, hand-washing and drying facilities for learners, male and female			
Proof of periodic inspection by health authorities			
Any dedicated facilities for provision and consumption of food and drink meet statutory hygiene requirements			
Clear, comprehensive, current and accurate internal and external signage, particularly emergency exit signs			
Classrooms, laboratories, workshops and other specialized teaching areas provide adequate space for the numbers of learners required to use them and are equipped to a level consistent with the needs of the educational programme(s)			
Educational provider's Health and Safety policy ensures that statutory requirements are met			
Health and safety rules and procedures are properly displayed and learners are fully briefed.			

<sup>2</sup> Roaming provider –any individual or organisation offering education and training courses with no fixed or set location from which training is delivered.



