



## **APPLICATION FOR RE-REGISTRATION**

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

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

# **RE-REGISTRATION OF POST-SECONDARY OR TERTIARY EDUCATIONAL 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 an educational 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 any institution as it will provide registered institutions with a foundation for logical development towards accreditation.

## **Objectives:**

The objectives of registration will be to:

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

## **Registration Period**

Registration may be granted for a period of up to three (3) calendar years. During this period, the provider is required to submit an annual registration report to maintain its registered status.

## **Application for Re-Registration**

Providers seeking to become re-registered must complete the prescribed **“Application for Re-Registration”** form which is available from the Barbados Accreditation Council office or its website.

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<sup>1</sup> Educational provider refers to any individual, organisation, or institution offering postsecondary and/or tertiary education and training programmes of study or courses within Barbados

# THE BARBADOS ACCREDITATION COUNCIL

## APPLICATION FOR RE-REGISTRATION

Form R 2

### SECTION A

#### A. ADMINISTRATIVE DETAILS

1. Name of Educational Provider: \_\_\_\_\_
2. Name of Principal/Director: \_\_\_\_\_
3. Address: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_
4. Premises:            Owned \_\_\_\_\_        Leased \_\_\_\_\_        Rented \_\_\_\_\_
5. Last registration year: \_\_\_\_\_
6. Total enrolment last academic period: \_\_\_\_\_
7. Current number of students enrolled: \_\_\_\_\_

### SECTION B

**Describe any major changes since last registration (*attach separately if necessary*):**

**A. Governance and Mission** (previous name, if changed since last registration; accreditation status; mission; etc.)

**B. Admission Policies**

**C. Educational Programmes** (addition(s)/reduction(s)/amendment(s))

**D. Staffing and Professional Development** (addition or reduction)

E. **Student Support Services** (e.g. counselling, career guidance, enquiries handling)

F. **Physical Plant and Equipment** (e.g. change of address, expansion or renovation of building(s), purchase or disposal of equipment, etc.)

G. **Learning and Information Resources**

H. **Finances** (fee structure, revenue sources)

I. **Institutional/Business Plan**

## **SECTION C**

### **Documentation Required for Re-registration**

1. Proof of approval of programme changes
2. Financial statement for last period (audited statements, where applicable)
3. Budget projection for next financial year
4. Medical Certificate of Compliance (where appropriate)
5. Fire Certificate of Compliance (where appropriate)
6. Environmental Protection Certificate of Compliance (where appropriate)
7. Copy of Floor Plan (where appropriate)

Name of Authorised Official:

.....  
(in block letters)

Title of Office:

.....

Signature:

.....

Please return completed form to:

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

Official Stamp: *(Educational Provider)*