



APPLICATION FOR REGISTRATION OF INSTITUTIONS

Date of Application: _____

Name of Institution: _____

REGISTRATION OF POSTSECONDARY/TERTIARY EDUCATIONAL INSTITUTIONS 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 13th August, 1990 without the prior approval of the Minister”*.

Aim

The aim of registration will be to certify that an institution 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 Institutions”** form which is available from the Barbados Accreditation Council office or its website.

THE BARBADOS ACCREDITATION COUNCIL

APPLICATION FOR REGISTRATION

Form R1

A. GOVERNANCE AND MISSION

1. Name of Institution: _____

2. Name of Principal/Director: _____
(Attach curriculum vitae)

3. Address of Institution: _____

Tel: _____ Fax: _____ E-mail: _____

Website: _____

4. Premises: Owned Leased Rented

5. Date Institution was established: _____

6. (a) Date institution enrolled its first students: _____

(b) Date institution graduated its first students: _____

7. Type of Control: Public Private

Religious Affiliation (please specify) _____

8. Name of Board of Governors and state position and qualifications of each member
(Attach separately):

9. State Mission of Institution (attach separately if necessary):

B. ADMISSION POLICIES

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

2. 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:
- f. Current enrolment number: Male Female

C. EDUCATIONAL PROGRAMMES

1. Level of offering (*check all that apply*):

- Less than one year of work beyond CXC or GCE O'Level
- At least one, but less than two years of work beyond CXC or GCE O'Level
- Diploma or Certificate programme of at least two years of work beyond CXC or GCE O'Level
- Associate Degree granting programme
- Bachelor's Degree granting programme
- Master's Degree and/or work beyond the first professional degree
- Work beyond the Master's Level
- Other (*specify*)

2. Type of programmes (*check all that apply*)

- Occupational training at the craftsman/clerical level
- Occupational training at the technical or semi-professional level
- Programmes designed for transfer to a degree
- Teacher training
- General
- Professional
- Other (*specify*)

3. List all programmes offered, their duration, number of credits and the type of award (i.e. certificate, diploma, etc.) made on the successful completion of the programme (*attach separately, if more space is needed*):

<u>Programme</u>	<u>Duration</u>	<u>No. of Credits</u>	<u>Award</u>
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4. State what constitutes a normal credit hour load:

- a. Undergraduate: _____ lecture hours _____ tutorial hours
- b. Graduate: _____ lecture hours _____ tutorial hours
- c. Professional: _____ lecture hours _____ tutorial hours
- d. Laboratory work/practicum/job attachment _____ hours

5. State the method of assessment of students, for example, the number of tests or examinations administered during the programme, their frequency and value. *Attach separately if more space is needed.*

6. List all programmes accredited by other agencies, the agency name and the dates of the last review. *Attach separately if more space is needed.*

Programme **Accreditation Agency** **Date of last review**

7. State the content of each programme/course offered (*attach response separately*).

D. STAFFING AND PROFESSIONAL DEVELOPMENT

1. **Teaching Staff**

(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>	Subject(s) or Courses currently teaching	Full-time or part-time	Total teaching load in hours per week

2. Administrative and Technical Support Staff
(Attach curriculum vitae)

Name	Qualification and institutions attended	Area of Work	Full-time or Part-time

3. Library Staff
(Attach curriculum vitae)

Name	Qualification and institutions attended	Area of Work	Full-time or Part-time

4. Other Professional Staff
(*Attach curriculum vitae*)

Name	Qualification and institutions attended	Area of Work	Full-time or Part-time

5. Staff Development Policy: state institutional Policy and Plan for staff development
(*attach response separately*)

E. STUDENT SUPPORT SERVICES

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

F. LEARNING AND INFORMATION RESOURCES

1. State the learning resources available to students (*quantify where possible*)
 - (a) Library: _____ Reference Books: _____ Periodicals & Journals: _____
 - (b) Laboratories: _____
 - (c) Computers: _____
 - (d) Internet Access: _____
 - (e) Audio-visual aids: _____
 - (f) Other learning resources (*please specify*) _____

2. Describe the Library/Learning Resource Centre facilities as follows:
Of the total, estimate square meters devoted to:
 - a. Stack areas for shelving volumes: _____
 - b. Seating capacity: _____
 - c. Staff office and work areas: _____
 - d. Other areas (e.g. media productions, learning labs, listening rooms and internet access): _____
 - e. Total square meters allocated to Library functions: _____

G. FINANCES

1. State
 - (a) your current fee structure:

 - (b) other sources of revenue:

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

Current expenditure for the past 3 years: Current revenue for the past 3 years:

Year	Amount (\$)	Year	Amount (\$)
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3. Provide Budget Projections 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.

I. INSTITUTIONAL PLAN

State:

- (a) the plan for your institution, for example, the annual plan, a five year plan or ten year plan;
- (b) the method of financing the plan; and
- (c) the evaluation process in place to address the educational, physical and financial growth of your institution. *Attach separately if more space is needed.*

Name of Authorised Official:

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(Print in block letters)

Title of Office:

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Signature:

.....

Please return completed form to:

**The Executive Director
Barbados Accreditation Council
Weymouth Corporate Centre
Roebuck Street
St. Michael, BB 11127
Barbados, W.I.**

Official Stamp: *(Institution)*