



**European Quality Assurance Commission
(EQAC)**

Application Form

For Centre

Quality Assurance Review

Accreditation Process

Some Notes for Centre Guidance

Providers are requested to go through this guidance prior to make their application to our Quality Assurance Review by EQAC. We do completely are aware that some educational providers need array of documents for their accreditation with us and this application form itself can be rigours for them.

EQAC is a designated body for higher education providers to review their quality Assurance Standards in overseas with the view to acquire UK HEI collaborative partnership arrangements. Providers need to consider this as the start of a long-term relationship to maintain and enhance the UK HEI Standards at their local centres. Our review encompasses a first full EQAC review during the first academic year followed by annual academic monitoring in subsequent years.

So we assume that all institutions find very helpful when they go through the following guidance:

1. The EQAC application process will have three stages to get complete accreditation for a centre. Once the completed initial application form is furnished our National Review Manager will visit to the centre and provide a comprehensive training about the EQAC reviews and its process.
2. The response for the questions on the Application Form has to cover providers' wide range of approach in delivering information to us and will help us to review your standards of quality.
3. Initially the Application Form and the Checklist are intended as a way of procuring required information. It is not a kind of test – the EQAC Country Manager will be happy to assist in completion of this form and in terms of any clarification in regards to the centres.
4. Once we received the completed application form and the pertinent documents mentioned in the review checklist, the EQAC Quality Assurance board will consider the application and we provide an initial interim approval for six months.
5. Prior to the completion of Interim Approval period, the EQAC will prepare for the full Review visit by coordinating with the Centre Quality facilitator. The full review will take place for two days with two Quality Review Managers.
6. Once the centre got the successful review confirmation, the full annual approval will be given by EQAC for one year. The centre will have Annual Quality Monitoring (AQM) for once a year for the first academic year.

Process of the Institution

This EQAC Higher Education review will ensure that the provider

- Delivers in an appropriate environment for students to achieve their learning goals from their starting points.
- Employs most suitable and qualified staff to deliver programmes for students at the required level
- Formulates a constant, safe and pleasant atmosphere for study to provide adequate support to teaching and learning enhancement for students with appropriate welfare measures and study resources.
- Operates within the County education regulations regarding their programme delivery for students and engage the students in the development of employability skills in accordance with industry expectation in their region / country of operation.
- Will have the appropriate management of Academic standards to meet the UK HEI Collaborative partner Arrangements

Section 1. Provider Information

Provider's Name:

Type of Review Required: RAQ / RHEQF

Contact Information

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|-------------------|
| Address: |
| |
| Postcode: |
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| Telephone Number: |
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| Email Address: |
| |
| Website Address: |
| |

Name & Email Address of Centre Review Coordinator:

Addresses of Additional Sites / branch Campuses:

Address of head office (if different from above):

| |
|-------------------|
| Address: |
| |
| Postcode: |
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| Telephone Number: |
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| Email Address: |
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| Website Address: |
| |

Section 2. Governance and Financial Sustainability

Date of Company
incorporation:

Is your institution a subsidiary company of another organisation?

Yes

No

If yes, please provide full details, including name, legal status, country in which the parent company was incorporated:

Company name:

Registration no:

Date of registration:

Is the company limited by shares or by
guarantee?

Please list the names of the Owners / Directors with their Percentage of shares (more than 20 % share only) :

| Name of the Director / Owner | Percentage of Shares |
|------------------------------|----------------------|
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If the institution is a charity company, please state the terms on which the business operates:

If a partnership, please list the names of all other partners:

Name & address of the Institution's bankers:

Name & address of the institution's accountants:

Section 3. Health and Safety and Premises

Are the premises leased or owned by the Institution?

If leased, please give expiry date(s) for the lease:

If leased, please provide the lease agreement validity Yrs Less than 2 yrs

Have you done the health and safety risk assessment? Yes No
(If yes, by whom?)

Have you undertaken an external fire risk assessment? Yes No
(If yes, by whom?)

Do you have a health and safety policy, for students and staff? Yes No

Name of the person responsible for health and safety:

Section 4. Management and Governance

Head of Organisation' Full Name:

Head of Academic's (HoA) or Directors of Studies (DoS) Full Name:

Years in Position:

Is the HoA /DoS; Full Time Part Time

Is the DoS / HoA an Academic Head at another Institution in your country? Yes No
(If yes, Please give the name, address and contact details of that Institution)

Does the HoA / DoS have any other work commitments? Yes No
(If yes, Please give details of these)

Staffing numbers

| | |
|------------------------------------|--|
| Academic staff: under 20 hours | |
| Teaching staff: 20 hours and above | |
| Non Academic staff: FT | |
| Non Academic Staff PT | |

Does your Institution have the following?

Employer's Liability Insurance? Yes No

Equal Opportunities and Diversity Policy relating to employment? Yes No

Section 5. Quality Assurance

Do you have an Internal Quality Assurance policy? Yes No

Do you have an Internal Verification policy? Yes No

Do you have annual programme monitoring procedures in place? Yes No

Do you have any other Quality Assurance accreditation in place? Yes No

Do you have systems in place for student's completion and progression analysis? Yes No

Do you have information and data about destination of leavers? Yes No

Section 6. Programme Delivery

Please provide details of the total number of students based on headcount at Higher Education and Further Education Levels

| Academic Year | Full Time | Part Time | Distance Learning | Total |
|---------------|-----------|-----------|-------------------|-------|
| 2013/14 | | | | |
| 2014/15 | | | | |
| 2015/16 | | | | |

Please provide the programme details below

| Programme Name | Date of Approval | Subject benching Marking statements (applicable for degree programmes) | Programme Level (FE/HE) | Awarding Organisation name | Head Count as per to 2015/16 Academic year |
|----------------|------------------|--|-------------------------|----------------------------|--|
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Awarding Organisation / University Details

| Name of the Awarding organisation / University Awarding the degree | Name and contact details of your key contact for the Awarding organisation / University works | Name and Address of the Awarding Organisation / University |
|--|---|--|
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Section 7. Self Evaluation Statement for Current Quality Assurance

Please illustrate and evaluate your current internal quality assurance arrangements to ensure that how you manage the academic standards at your centre. Please do not exceed more than 750 words. Use the next page if required.

Empty text box for the self-evaluation statement.

Section 8. Student recruitment

Name of Marketing Officer:

Does your Institution have the following:

Agents appointment procedures for the marketing of your institution, the recruitment of students

Yes

No

Administrative procedures for processing student enquiries and process admissions?

Yes

No

Approvals/licences for the use of images used on the website and other hard copy literature?

Yes

No

Diversity and equal opportunities policy that includes duty of care to students?

Yes

No

Section 9. References

Please provide two references (at least one academic) in support of your institution's application for GQAS accreditation. At least one should be able to provide a personal reference for the Head of Organisation / Director

Reference 1

| |
|------------------------|
| Name |
| Address |
| Contact e-mail: |

Reference 2

| |
|-----------------------|
| Name: |
| Address: |
| Contact e-mail |

Section 10. Declaration

(Must be Completed by the Head of Organisation / Director)

1. I declare that to the best of my knowledge that my institution is financially sustainable and that I am able to meet my financial commitments in terms expenditures for both staff and students' resources.
2. I declare that the information provided in this application is correct and all supporting documents are genuine and accurate.
3. I have taken reasonable steps to confirm the accuracy of the claims made by staff in respect of qualifications and experience.
4. I authorise EQAC to approach the referees nominated to gain information relating to this application, on the understanding that this information will be treated in absolute confidence.
5. I agree to inform EQAC about any material changes in regards to the ownership of the institution or senior management team, or significant variation in the academic programme, which occur more than three months before the scheduled date for submitting the annual monitoring report.
6. I accept that I will submit the EQAC returns on appropriate time frame and make arrangements with EQAC reviewers to make successful annual reviews.
7. I understand that there will be a per head payment to EQAC accreditation and will be paid during the student's registration.
8. I understand that failure of continuing compliance with the EQAC quality standards may lead to the removal of my institution's accreditation by EQAC.
9. I declare that no material in this application has been plagiarised. I confirm that any material in this application that is the intellectual property of another person or organisation is used with the express permission of that person or organisation.
10. I declare that I have been truthful in all dealings and are willing to comply with the necessary requirements and quality standards of EQAC

Signed: by mail

Date:

Print Name:

Position / Title:

Institution Name

