



## **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 currently under the portfolio of the Ministry of Education and Human Resource Management.

## **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

## ANNUAL REGISTRATION REPORT

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; financial statement (audited, if applicable); budget projection)

**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)*