



## **APPLICATION FOR RE-REGISTRATION**

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

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

# **The Barbados Accreditation Council**

The Barbados Accreditation Council (BAC) was established in November 2004 by the Barbados Accreditation Council Act, 2004. It is a statutory body under the portfolio of the Ministry of Education, Science, Technology and Innovation.

## **Vision Statement**

The Barbados Accreditation Council will be a World-class, dynamic quality assurance agency for education and training.

## **Mission Tenets**

The Barbados Accreditation Council will pursue its vision by:

- Providing advisory, administrative, advocacy and quality-assuring services that meet globally recognized standards for quality assurance and the expectations of our clients.
- Cultivating an environment of highly dedicated and competent staff members who work as a team to create value for our clients and all the communities we serve.
- Undertaking functions and such related activities that would ensure the efficient and effective discharge of our legal, regulatory and corporate responsibilities.
- Building strong linkages with our sectoral partners to develop a culture of high quality post-secondary/tertiary education and training in Barbados and beyond.
- Engaging in sound financial management, business and social responsibility practices to bring sustainable prosperity and benefits to government, directors, staff, social partners and the communities in which we serve.

## 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

# APPLICATION FOR RE-REGISTRATION FOR POST-SECONDARY/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

**All** applicant providers are advised to refer to the BAC’s publication “*Registration Guidelines for post-secondary/tertiary education and training providers*” **before** completing the application form.

**BARBADOS ACCREDITATION COUNCIL  
APPLICATION FOR RE-REGISTRATION**

Please Use Block Letters or Type

**Form R 2**

**SECTION A**

<b>Name of Provider</b>			
<b>Name and Title of Owner/Principal/Director/ Executive Head</b>			
<b>Name and Title of Authorising Officer</b> <i>(attach curriculum vitae)</i>			
<b>Street Address</b>			
<b>Postal/Mailing Address</b>			
<b>Contact Numbers</b>	<b>Telephone</b>	<b>Facsimile</b>	<b>A. Mobile</b>
<b>Website</b>			
<b>Email Address</b>			
<b>Premises</b>	Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented <input type="checkbox"/>		
<b>Type of Control</b>	Public <input type="checkbox"/> Private <input type="checkbox"/> Other ( <i>specify</i> ) _____		
<b>Type of Establishment</b>	Main campus <input type="checkbox"/> Branch campus <input type="checkbox"/> Satellite site <input type="checkbox"/>		
<b>Date of establishment</b>			
<b>Religious Affiliation</b>			
<b>Main Delivery Site</b>	Name of site co-ordinator: _____ Title of Office: _____ Address: _____ Tel: _____ Fax: _____ Mobile: _____		
<b>Additional Delivery Site(s) (if applicable)</b> <i>Attach separately, if more space is needed</i>	Name of site co-ordinator: _____ Title of Office: _____ Address: _____ Tel: _____ Fax: _____ Mobile: _____		
<b>Date first students were enrolled</b>			
<b>Date first students graduated</b>			

## SECTION B

**Describe any changes that occurred since the last registration year, or are planned for the upcoming year (*attach separately if necessary*):**

- A. **Name of Institution** (please attach a copy of the certificate of amendment or legal instrument and conferral of title by the BAC, if applicable)
- B. **Governance and Administration** (e.g. change of ownership or control, organisational structure, management or leadership, etc.)
- C. **Mission Statement** (please indicate date of approval and new version of statement)
- D. **Admission Policies**
- E. **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)

BAC Approved

Other (*please specify*) \_\_\_\_\_

F. **Staffing and Professional Development** (addition or reduction from each category; number of part-time or full-time staff, etc.)

G. **Student Assessment** (e.g. changes in assessment methods, etc.)

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

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

J. **Learning and Information Services**

K. **Workshop/Laboratory Facilities**

L. **Finances** (fee structure, revenue sources, gain or loss in revenue or expenses; date(s) of external audit(s); name of auditor; financial statement (audited, if applicable); budget projection))

## M. Institutional/Business Plan

### N. Accreditation Status

Accredited  Not Accredited

Institutional Accreditation  Programme Accreditation

If accredited, provide details of accreditation status including name of accreditation body/ies and period(s) of accreditation. *Attach separately.*

## 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. Name(s) of review body/ies: \_\_\_\_\_
6. Please provide a summary of the outcome of the review.

## **SECTION D**

Summary of Plans for Next Registration Year (including an identification of the major strengths, opportunities and/or plans for improvement)

## SECTION E

### Documentation Required for Re-registration

- Proof of approval of programme changes
- Financial statement for last period (audited statements, where applicable)
- Budget projection for next financial year (*all providers*)
- Medical Certificate of Compliance
- Barbados Fire Service Fire Safety Inspection Certificate
- Environmental Protection Certificate of Compliance (where appropriate)
- Copy of Floor Plan

**Form Prepared by:**

Name:

Title:

Signature:

Date:

Official Stamp: (*Provider*)

**Form Authorised by:**

Name:

Title:

Signature:

Date:

SUBMIT DOCUMENTATION TO:

**Executive Director  
Barbados Accreditation Council  
Suite 1, Building 1  
Manor Lodge Complex  
Lodge Hill  
St. Michael, BB14000  
Barbados, W.I.**