



APPLICATION FOR PROGRAMME APPROVAL

Name of Provider: _____

Name of Programme: _____

Date of Application: _____

NEW PROGRAMME APPLICATION

This application is to be completed for all new programmes. *All information is required unless otherwise indicated.* All new programme applications must be typed, clearly labelled, and submitted in appropriately bound hard copy and soft copy.

PART I: GENERAL INFORMATION

1. PROVIDER DETAILS				
Please mark with an 'X' where appropriate				
Name				
Operating/Trading Name				
Acronym/Abbreviation				
Type of Provider	Private	Public	Workplace	Other (<i>please state</i>)
Provider Registration Period	Start Date		End Date	
Premises (<i>proof to be attached</i>)	Owned	Leased	Rented	
Street Address				
Mailing Address (<i>if different from Street Address</i>)				
Other Delivery Sites (<i>if applicable</i>)				
Contact Numbers	Telephone:	Facsimile:	Cellular Phone:	
Website				
Email Address				
Authorising Officer	Name		Position/Job Title	
Contact Numbers	Telephone:	Facsimile:	Cellular Phone:	
Email address				
Contact Person	Name		Position/Job Title	
Contact Numbers	Telephone:	Facsimile:	Cellular Phone:	
Email address				

Programme Development

1. What types of community or professional input were utilised to develop the programme? Include copies of all minutes of meetings or other evidence pertinent to this application and list the names and qualifications of the persons who were present.

2. State the qualifications for the person(s) who:
 - a) designed the curriculum

 - b) will supervise the programme

Market Demand

Was a market study undertaken to determine the demand? If so, please provide a summary of the findings which must include as examples details of requests from stakeholders such as government, employers, students, professional bodies. Otherwise, explain how the demand for the programme was determined.

Institutional Readiness

Indicate what is needed and available for the proposed programme at full operation including:

- a) Existing and new courses needed to implement the programme

Existing Components	New Components

b) Existing and new physical resources needed (e.g. classrooms, libraries, records, equipment, tools, clinical sites, etc.)

Existing Components	New Components

c) Existing and new staff resources needed (e.g. teaching, support, administrative, etc.) Attach data sheets as needed.

Existing Components	New Components

d) Existing and new financial resources needed. Copies of financial statements required (e.g. Audited financial statements or financial statement prepared by a certified Accountant, Balance Sheet, Projected Cash Flow)

Existing Components	New Components

e) Other (please state clearly)

PROGRAMME MEASUREMENT

Please mark with an 'X' where appropriate or attach separately if necessary

Name								
Code								
Name of Final Award								
Level	Certificate		Diploma		Associate Degree		Bachelor Degree	
	Master's Degree		Doctoral Degree		Other (<i>please state</i>)			
Proposed Start Date								
Programme Length	Day				Evening			
	Weeks	Months	Years	Other (<i>please state</i>)	Weeks	Months	Years	Other (<i>please state</i>)
Total contact hours	Day				Evening			
Credit hours awarded (if applicable)	Quarter		Semester		Trimester		Other (<i>please state</i>)	
Delivery Mode(s) Used	Traditional/classroom-based			Non-traditional (<i>please state</i>)				

PROGRAMME DESCRIPTION

Attach separately if necessary

1. What are the entrance/admission requirements or methods used to determine whether prospective students will be able to fulfil the programme requirements?

2. How do these requirements compare with requirements for existing programmes?

3. List all courses to be offered as a part of the new programme.

Core Requirements

Course Number/Code	Course Name	Lecture hours	Laboratory hours	Practicum hours	Total Contact hours	Total Credit hours	Mode of Delivery
Total							

General Education Courses/General Electives (if applicable)

Course Number/Code	Course Name	Lecture hours	Laboratory hours	Practicum hours	Total Contact hours	Total Credit hours	Mode of Delivery
Total							

Electives (if applicable)

Course Number/Code	Course Name	Lecture hours	Laboratory hours	Practicum hours	Total Contact hours	Total Credit hours	Mode of Delivery
Total							

Programme Summary

Particulars	Lecture hours	Laboratory hours	Practicum hours	Total Contact hours	Total Credit hours
Total Core Requirements					
Total General Education					
Total Electives					
Overall Total					

4. Credit hours awarded per course (if applicable).

Course Name	Quarter	Trimester	Semester	Total

5. Please state the following:

How many contact hours equal one lecture credit? _____

How many contact hours equal one laboratory credit? _____

How many contact hours equal one practicum credit? _____

6. Provide the following programme information:

- a) Copy of the letter of Programme Approval Committee/Sub Committee/Board approval or other authorising individual or group;
- b) Current catalogue or draft catalogue with addendum, if applicable
- c) Syllabus or outline for each course including externship, and laboratory component in the programme, as applicable;
- d) Programme outline by quarter/trimester/semester;
- e) Graduation requirements;
- f) Classes of award (pass, fail, distinction, merit) if applicable;
- g) 2 copies of blank qualification (Award to be presented to the learner upon completion of the programme);
- h) Determination of learning objectives (e.g. standards);
- i) List of formative and summative assessment activities;
- j) Teaching/Training Contingency Plan should the provider not be able to complete delivery of the programme; and
- k) Programme specifications document (refer to the template in the BAC's publication *Guidelines for Preparing Programme Specifications*)

NOTE: Programme specifications for the proposed programme may be submitted on USB flash drive using Microsoft Word.

7. Where there is a practicum component:

- a) Identify potential practicum sites

Location (on/off site)	Company (if off site)

- b) Attach a copy of the proposed practicum
- c) Describe the responsibilities of the primary provider and/or responsibilities of the organisation facilitating the practicum.
- d) Describe student responsibilities and method of supervision.

8. Describe any licensure or certification requirements for persons employed in this field.

9. Programme includes training conducted by a third party _____ Yes _____ No

If yes, please explain including the percentage of the programme offered.

FOR NON-TRADITIONAL NEW PROGRAMME APPLICANTS ONLY

List all courses which will be delivered through a non-traditional format. *Attach separately if necessary.*

All applications must include a current catalogue and as an addendum to the current catalogue, a draft catalogue that includes a description of the programme. Completed data sheets for all teaching staff in the programme must also be submitted.

PART III: TRANSITION PLAN TO ADD A HIGHER QUALIFICATION

This section of the application form must be completed if the qualification to be awarded for the new programme is higher than the qualification awarded for any other programme offered by the provider in question. Applications will not be reviewed unless all areas of Part III are complete. Attach separately if necessary.

Educational Activities

- a) Describe the changes made to the provider's mission to ensure that the inclusion of the qualification demonstrates that its programmes, courses, and services are appropriate to its mission and to the provider's specific goals and objectives.
- b) How has the provider's Strategic and/or Quality Assurance Plan been revised to address the new mission?
- c) What evidence is available to document the need for programmes at the new qualification level?
- d) How does the proposed curriculum benchmark against other providers offering the same award?

Teaching Staff

- a) What is the provider's plan to provide staff who are qualified to teach at the new qualification level?
- b) What percentage of the existing staff is employed on an ongoing basis to ensure sound direction and continuity of the development of the programme?

(Master and Doctorate Degrees Only)

- a) Has a committee been appointed to oversee the new graduate programme? If so, who are the committee members and what are their backgrounds and qualifications? What are the responsibilities of the committee?
- b) Who will administer the programme? What are his/her qualifications and duties?

Learning and Instructional Resources

- a) Who oversees the learning and instructional resources? Please state the qualifications of the individual(s).

- b) Describe the provisions for access to learning resources where there is no library available on campus.

- c) What are the scheduled library hours of operation? Will the opening hours meet the needs of the students in the new qualification level programme?

- d) Describe the budget and procedures the provider has in place to ensure that relevant additions are made to the library holdings and other learning resources to ensure that necessary resources are available to support the programme.

PART IV: DECLARATION BY PROVIDER

I _____ (authorising officer) in my
capacity as _____
(Position in the organisation)

hereby confirm that all the information provided in this “Application for Programme
Approval” form” is a true reflection of _____
(Provider’s Name)

legal and operational standing to meet the requirements for programme approval as
stipulated by the Barbados Accreditation Council (BAC) and is supported by the leadership.

I confirm that the leadership has been advised of the Barbados Accreditation Council’s
policies and procedures of relevance to the activities of the _____
(Provider’s Name)

and that to the best of our knowledge these activities comply with relevant requirements
therein.

I further declare that all the required information and evidence submitted with the
application form is original and remains the intellectual property of this provider. Where
copyright and/or intellectual property of another organisation or party has been utilised in
the submission of this application, an agreement has been entered with the other party and a
copy is or copies are herewith submitted to the BAC for record purposes.

_____ (Provider’s Name) understands that, in
submitting this application and supporting documentation, the programme approval process
may include an on-site evaluation visit, request for additional information and any other
means that the Council may deem necessary.

**The _____ (Provider’s Name) commits to
adhere to all the stipulated requirements for programme approval of the BAC
and certifies that all of the aforementioned information and supportive
documentation are true and correct.**

Name of Authorised Official (*in block letters*)

Title of Office

Signature

Date

Official Stamp

**NB: Please note that only the person in authority within the organisation should
check and sign this application form prior to submission**

NEW PROGRAMME STAFF DATA SHEET

Complete the following for each staff member involved in each new programme.

Name of Employee _____

Date of Employment _____

Job Title _____

Full time _____ Part time _____

EDUCATIONAL INFORMATION

Please list below all post-secondary/tertiary educational qualifications beginning with the most recent. *Attach separately if necessary.*

Name of Institution	Location	Qualification	Date of Award	Dates Attended

List Major Subject(s)

List any educational certificate or license now held; name of issuing authority and expiration date.

EMPLOYMENT INFORMATION

Please indicate below all employment engagements beginning with the most recent. *Attach separately if necessary.*

Name of Employer	Job title	Nature of Duties	Dates Employed

Applicant's Signature: _____ Date: _____

APPLICATION CHECKLIST

The checklist must be completed for each programme. Applicants are encouraged to contact the Council should clarification be required on any area(s) of the application.

Name of Provider: _____

Name of Proposed Programme: _____

Is this application being submitted in response to a team visit? Yes No

Is this an application for the first new programme at this level? Yes No

Is this application a result of an existing programme revision totalling more than 25%? Yes No

REQUIRED DOCUMENTATION

- Application form, completed and legible
- Proof for use of premises
- Financial statements
- Programme specifications for each programme
- Current catalogue
- Catalogue with addendum, if applicable
- Training contingency plan
- Transition plan for higher qualification
- 2 blank copies of qualification
- Data sheet for each staff member assigned to the programme/CVs
- Evidence of Accreditation, Certification or Endorsement by third party

SUBMIT DOCUMENTATION TO:

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

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

Official use only

Date of payment: ____ / ____ / ____
 dd mm yyyy

Amount: \$ _____

Receipt No.: _____

For further information contact:

**Barbados Accreditation Council
Suite 1, Building 1
Manor Lodge Complex
Lodge Hill
St. Michael, BB 14000
Barbados, W.I.
Tel: (246) 535-6740
Fax: (246) 622-1089
Email: info@bac.gov.bb
Website: www.bac.gov.bb**