



AWARDING BODY

APPLICATION FOR RECOGNITION

Date of Application: _____

Name of Awarding Body: _____

AWARDING BODY APPLICATION FOR RECOGNITION

SECTION A: GENERAL INFORMATION

Awarding Body Details			
Name			
Acronym/Abbreviation			
Street Address			
Mailing Address			
Contact Numbers	Telephone:	Facsimile Number:	Mobile Number:
Website			
Email Address			
Contact Details			
Name of Authorising Officer			
Position/Title			
Contact Person (Name and Position/Title)			
Contact Numbers	Telephone:	Facsimile Number:	Mobile Number:
Email address			

Local Partner/Provider Details			
Name			
Acronym/Abbreviation			
Street Address			
Mailing Address			
Contact Numbers	Telephone:	Facsimile Number:	Mobile Number:
Website			
Email Address			
Contact Details			
Name of Authorising Officer			
Position/Title			
Contact Person (Name and Position/Title)			
Contact Numbers	Telephone:	Facsimile Number:	Mobile Number:
Email address			

(FOR COLLABORATIVE ARRANGEMENTS ONLY)

Is there a written agreement on the collaborative arrangement with a local/foreign provider¹?

Yes

No

¹ *Local providers and/or awarding bodies are required to submit a ‘**Collaborative Provision Report**’ that provides evidence that the programme leading to this qualification meets with the requirements for Collaborative Arrangements as outlined in BAC’s booklet entitled “**A Provider’s Guide to the Collaborative Provision of Post-Secondary or Tertiary Education and Training**”.*

SECTION B: QUALIFICATION INFORMATION

Name of qualification(s) for which Application for Recognition is being submitted
(attach separately if more space is needed):

Number of years this qualification has been offered: _____

Not previously offered *(please tick if applicable)*

Programme Entry Requirements: -----

Duration of the Programme: -----

Programme Exit (Graduation) Requirements: -----

Practical component(s) of the programme (if any): -----

Continuing education available (after completion of the programme)?

Yes No

(FOR COLLABORATIVE ARRANGEMENTS ONLY)

Comparable qualification offered by the foreign provider at its home campus/site
(if applicable)

Head of Awarding Body

Name:
(please print)

Title and designation:
(please print)

Signature: **Date:**

**PLACE STAMP
HERE**

Head of Local Partner Provider

Name:
(please print)

Title and designation:
(please print)

Signature: **Date:**

**PLACE STAMP
HERE**

BAC Registration No.:

Submit the completed form to:

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

Official use only

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

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**