



**APPLICATION FOR REGISTRATION
OF EDUCATIONAL PROVIDERS**

Date of Application: _____

Name of Provider: _____

REGISTRATION OF 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 13th August, 1990 without the prior approval of the Minister”.

Aim

The aim of registration will be to certify that a provider¹ meets or exceeds certain standards required to operate in Barbados.

The registration process will be the first step towards accreditation of programmes offered by a provider as it will provide registered providers with a foundation for logical development towards accreditation.

Objectives:

The objectives of registration will be to:

- (a) Certify that providers are legally operating within the domain of Barbados;
- (b) Certify that providers (locally, regionally and internationally) operating in Barbados comply with relevant legislation; and
- (c) Develop a register of providers which have gained approval by the Barbados Accreditation Council.

Registration Period

Typically one (1) year – to be renewed annually, but may be granted for a period of up to three (3) years.

Application for Registration

To become registered as a provider you must complete and submit the “**Application for Registration**” form, which is available from the Barbados Accreditation Council’s office or its website, along with supporting evidentiary documentation.

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.

¹ Provider for the purposes of this document refers to any institution, organisation or person offering post-secondary/tertiary education and training courses within Barbados.

**BARBADOS ACCREDITATION COUNCIL
APPLICATION FOR REGISTRATION OF EDUCATIONAL
PROVIDERS**

FORM R 1

These details are required for all providers applying for registration. *Please Use Block Letters or Type.*

1. Governance and Mission

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

Name and address of Accreditation authority (where applicable)

Name of Board or other Advisory Committee - state position and qualifications of each member, as applicable. *Attach separately, if more space is needed.*

Mission Statement (*attach separately if necessary*)

2. Admission Policies

State the requirements for admission of students and explain any exceptions from these requirements (*attach separately if necessary*):

i. General Admission Requirements

ii. Course of Study Admission Requirements

iii. Programme of Study Admission Requirements

Enrolment and Output

A. Existing Provider

Where necessary, arrange the following in a table or tables and attach separately:

- a. Full-time enrolment: Male Female
- b. Part-time enrolment: Male Female
- c. Enrolment by programmes and gender:
- d. Enrolment by year of study and gender:
- e. Output over the last 3 years by programmes and gender (*if applicable*):
- f. Current enrolment number: Male Female
- g. Projected enrolment number: Male Female

B. New Provider

Projected enrolment number Male Female

3. Educational Programmes

Attach separately, if more space is needed

- a) List all programmes/courses offered including:
- total weeks including holiday weeks and total teaching weeks excluding holiday weeks;
 - average teaching hours per week;
 - total study hours per week, if applicable;
 - total tutorial hours, if applicable
 - proposed/target learners;
 - anticipated number of teaching staff/facilitators; and
 - anticipated number of learners
- b) Attach Programme Specification document for each programme/course offering (refer to Council's publication "*Guidelines for Preparing Programme Specifications*" for guidance)
- c) State what constitutes a normal credit hour load:
- i. Undergraduate: _____ lecture hours _____ tutorial hours
 - ii. Graduate: _____ lecture hours _____ tutorial hours
 - iii. Professional: _____ lecture hours _____ tutorial hours
 - iv. Vocational: _____ lecture hours _____ tutorial hours
 - v. Laboratory work/practicum/job attachment _____ hours

4. Staffing and Professional Development

1. Teaching Staff/Instructors (*attach separately if more space is needed*)

Name	Qualifications, year of award and institutions attended <i>(Attach curriculum vitae)</i>	Course(s) currently teaching	Full-time or part-time	Total instruction load in hours per week

2. Administrative and Technical Support Staff (*attach separately if more space is needed*)

Name	Qualifications, year of award and institutions attended <i>(Attach curriculum vitae)</i>	Position title and Area of Work	Full-time or part-time

3. Details of other Staff (*attach separately if more space is needed*)

Name	Qualifications, year of award and institutions attended <i>(Attach curriculum vitae)</i>	Position title and Area of Work	Full-time or part-time

Staff Development Policy: state organisational policy and plan for staff development
(attach response separately, if more space is needed)

5. Learner Assessment

Describe the Learner Record Management System, indicating how the pattern of student performance is recorded. *(Attach separately if more space is needed):*

6. Learner Support Services

State the support services and facilities available to learners *(attach separately if more space is needed):*

7. Physical Plant and Equipment

State area occupied: _____ square metres

Rate each building on each of the following according to the scale indicated:
(Attach separately if more space is needed)

1 - Excellent 2 - Good 3 - Satisfactory 4 - Marginal 5 - Unsatisfactory

Existing Buildings	Buildings under Construction	General Adequacy	Size	Fireproof Quality	Present State of Repair or Construction	Lighting

2. **All** educational providers must provide the following:

- a) Copy of Floor Plan
- b) Barbados Fire Service Fire Safety Inspection Certificate
- c) Medical Certificate of Compliance
- d) Environmental Protection Certificate of Compliance (where applicable)

3. For *roaming providers*²: Using the Checklist below, indicate the health and safety factors you consider when using or selecting a delivery site.

HEALTH AND SAFETY CHECKLIST

Requirements	Yes	No	Comments
Rooms are clean, sanitary and in good condition for occupants			
First Aid Kit is provided			
Sick Bay is provided			
Adequate drinking fountains			
Adequate lighting and ventilation to ensure occupant comfort health and safety			
Adequate toilet, hand-washing and drying facilities for instructors/trainers			
Adequate toilet, hand-washing and drying facilities for learners, male and female			
Proof of periodic inspection by health authorities			
Insurance to cover injury to participants			
Any dedicated facilities for provision and consumption of food and drink meet statutory hygiene requirements			
Clear, comprehensive, current and accurate internal and external signage, particularly emergency exit signs			
Classrooms, laboratories, workshops and other specialized teaching areas provide adequate space for the numbers of learners required to use them and are equipped to a level consistent with the needs of the educational programme(s)			
Educational provider's Health and Safety policy ensures that statutory requirements are met			
Health and safety rules and procedures are properly displayed and learners are fully briefed.			

² Roaming provider –any institution or organisation offering education and training courses with no fixed or set location from which training is delivered.

8. Learning and Information Services

State the learning services and resources available to students (*quantify where possible and attach separately if more space is needed*)

- a) Library: _____ Reference Books: _____ Periodicals & Journals: _____
- b) Laboratories and/or Workshop facilities: _____
- c) Computers: _____
- d) Internet Access: _____
- e) Audio-visual aids: _____
- f) Equipment and machinery: _____
- g) Other learning resources (*please specify*) _____

9. Finances

1. State your current fee structure

2. State other sources of funding/revenue

3. State your revenue and expenditure for the past 3 years (*provide financial statements prepared by a Certified Accountant, or audited financial statements, as applicable*)

a) *Existing Provider*

Current expenditure for the past 3 years		Current revenue for the past 3 years	
Year	Amount (\$)	Year	Amount (\$)

Budget projection prepared in Income Statement format for current financial year
(*attach separately*)

b) *New Provider*

Budget projection for current financial year prepared in Income Statement format
(*attach separately*)

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
First Floor
The Phoenix Centre
George Street
St. Michael, BB11114
Barbados, W. I.**