



## **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	<b>Telephone:</b>	<b>Facsimile Number:</b>	<b>Mobile Number:</b>
Website			
Email Address			
Contact Details			
Name of Authorising Officer			
Position/Title			
Contact Person (Name and Position/Title)			
Contact Numbers	<b>Telephone:</b>	<b>Facsimile Number:</b>	<b>Mobile Number:</b>
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 provider<sup>1</sup>?**

Yes

No

<sup>1</sup> 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):*

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**Number of years this qualification has been offered:** \_\_\_\_\_

**Not previously offered** *(please tick if applicable)*

**Programme Entry Requirements:** -----

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**Duration of the Programme:** -----

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

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

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**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)*

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

**Official use only**

Date of payment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                          dd    mm    yyyy

Receipt No.: \_\_\_\_\_

**For further information contact:**

**Barbados Accreditation Council**

**First Floor,**

**The Phoenix Centre,**

**George Street,**

**St. Michael, BB11114**

**Barbados, W.I.**

**Tel: (246) 535-6740**

**Fax: (246) 622-1089**

**Email: [info@bac.gov.bb](mailto:info@bac.gov.bb)**

**Website: [www.bac.gov.bb](http://www.bac.gov.bb)**