



APPLICATION FOR RE-REGISTRATION

Date of Application: _____

Name of Provider: _____

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

Aim

The aim of registration will be to certify that an educational 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 any educational provider, as it will provide registered educational 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 and internationally) operating in Barbados comply with relevant national legislation; and
- (c) Develop a register of providers which have been registered by the Barbados Accreditation Council.

Registration Period

Registration is usually granted for one (1) year, but may be granted for a period of up to three (3) years.

Application for Re-Registration

To maintain its registered status a provider must complete the prescribed “**Application for Re-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 Educational provider refers to any organisation, or institution offering postsecondary/tertiary education and training programmes of study or courses within Barbados

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

Please Use Block Letters or Type

Form R 2

SECTION A

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	A. 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			

SECTION B

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

1. **Governance and Administration** (e.g. change of ownership or control, organisational structure, management or leadership, name of institution (please attach a copy of the certificate of amendment or legal instrument and conferral of title by the BAC, if applicable), mission statement (please indicate date of approval and new version of statement), etc.)

2. **Admission Policies**

3. **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) and evidence of approval of programme changes, if applicable.

BAC Approved

Other (*please specify*)_____

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

5. **Learner Assessment** (e.g. changes in assessment methods, etc.)

6. **Learner Support Services** (e.g. counselling, career guidance, enquiries handling, etc.)

7. **Physical Plant and Equipment** (e.g. change of address, expansion or renovation of building(s), purchase or disposal of machinery or equipment, closure or opening of sites, medical and fire certificates of compliance, etc.). In the case of a change of address, expansion or renovation of building(s), please provide a copy of the new floor plan and the Environmental Protection Certificate of Compliance (where appropriate).

8. **Learning and Information Services**

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

10. **Institutional Plan**

SECTION C

Information requested below may be attached separately if necessary.

A. 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.

B. 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.

C. 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)

Form Prepared by:

Form Authorised by:

Name:

Name:

Title:

Title:

Signature:

Signature:

Date:

Date:

Official Stamp: (*Provider*)

SUBMIT DOCUMENTATION TO:

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