



REPUBLIC OF GHANA

MINISTRY OF EDUCATION

**COMMISSION FOR TECHNICAL AND VOCATIONAL
EDUCATION AND TRAINING (CTVET)**

**Accreditation Application Pack for
EXTERNAL VERIFIERS**

**Commission for Technical and Vocational Education and Training
(CTVET)
Accreditation Application Pack for External Verifiers**

QAC Reference No.....

(Reference No.to be filled by CTVET upon submission of Forms by Applicant)

Affix photo of Applicant
*(It should be certified
by the Head of
Institution)*

1. Name of Applicant:

2. Type of application(please tick ✓)

New Accreditation	<input type="checkbox"/>
Re-accreditation	<input type="checkbox"/>

Note: Attach copy of old Accreditation certificate for Re-accreditation

3. Trade Area:.....

4. Postal Address

.....

.....

.....

General Instructions:

- a. All Columns must be filled and copies of relevant documents attached before submission
- b. Payment of Ghc400.00* should be made to Director General, CTVET in Banker's Draft (non-refundable)
- c. Forms should be sent by EMS or hand delivered at CTVET Secretariat with soft copies to:
E-mail address: reg.acc@ctvet.gov.gh

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5. Residential Address

.....

Tel: Fax:

Cell phone: Email:

6. Date of Birth (Attached copy of birth certificate)

DD MM YY

7. Profile of Applicant (attach detailed CV)

No.	Name of Schools attended with dates	Programmes or Courses	Qualifications obtained	Employment Experience with dates and main job titles

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8. The following certificates should be attached:

- a) External Verifier Registration Certificate
- b) Technical Qualification
- c) Teacher Education Certificate (with Transcript)

9. Name of Training Provider externally verifying for:.....

10. Type of organization externally verifying for (Please tick ✓)

- a) Public
- b) Private
- c) Both

d) Others (specify).....

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11. Current trade area externally verifying for:.....

12. Level on National TVET Qualification Framework externally verifying for:
.....

13. To be completed by applicant’s Head of Institution:

S/N	CRITERIA	YES	NO
1	Applicant has been trained as a Competency-Based Training (CBT) Facilitator or Trainer;		
2	*Applicant is of good character;		
3	Applicant has undergone training in Competency-Based Training (CBT) assessment;		
4	Applicant has a recognised technical and vocational education and training certificate		
5	Applicant has at least two years experience in Assessment in vocational programmes.		

*In addition, please kindly provide and attach a one paged **character reference** on the applicant

14. Declaration

I attest that the above information is correct. I do understand that any incorrect information will result in suspension/cancellation of my accreditation with CTVET.

Name of Applicant:

Signature:

Date:

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NB: Attach a copy of a National ID of Head of Institution

Affix photo of Head
of Institution

15. Certified by Head of Institution/Company

Name of Institution/Company:

Name of Head:

Signature: Official stamp with date:

CTVET (QAC) OFFICIAL USE ONLY	
Vetted by Director CBT:	<i>Date:</i> <i>Sign:</i>
Date Accreditation Fees paid:	
Amount & Receipt #:	
Date soft copy received:	
QAC Committee Decision (QAC):	<input type="radio"/> Approved <input type="radio"/> Provisional approval <input type="radio"/> Not Approved
Date of submission of QAC Decision	

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